MAXIMUS Federal Services

Case Number:	CM15-0162157		
Date Assigned:	08/28/2015	Date of Injury:	10/02/2002
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old male, who sustained an industrial injury on October 2, 2002. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included paraparesis, chronic low back pain, neuropathic pain and increased tone in the bilateral lower extremities. There is no information indicating prior treatments. The current work status was not identified. Current medications included Norco for nociceptive pain, Neurontin for neuropathic pain, Cymbalta for mood and neuropathic pain and Ambien for insomnia. The treating physician recommended increasing the injured workers Cymbalta to 90 mg daily. Current documentation dated July 30, 2015 notes that the injured worker reported chronic back pain with increasing pins and needle type pain in the buttocks and bilateral lower extremities. Physical examination noted that the injured workers bilateral lower extremities had no edema or tenderness. Bilateral Homan's signs were negative. The treating physician noted that the injured worker did not look overmedicated. The treating physician's plan of care included a request for Cymbalta 90 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cymbalta 90mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta), Antidepressants for chronic pain.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006)." Also, Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)." Upon review of the submitted documentation, the injured worker has been prescribed Cymbalta for mood and neuropathic pain. The dose was increased for improved benefit per progress report dated July 30, 2015. The request for Cymbalta 90mg #30 is medically necessary for continued treatment of the pain as well as depressive symptoms. A 30 day supply is medically necessary at this time and further continuation of this medication will be based on evidence of objective functional improvement.