

Case Number:	CM15-0166406		
Date Assigned:	09/04/2015	Date of Injury:	10/14/2000
Decision Date:	10/09/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on 10-14-00. She reported pain in her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease, chronic low back pain and lumbar discogenic pain. Treatment to date has included a lumbar epidural injection in 11-2014 with 50% relief for 10 days, physical therapy, a lumbar MRI on 7-31-13 and an EMG study on 7-29-14 showing left L5-S1 radiculitis. Current medications include Naproxen, Omeprazole and Cymbalta. A review of physical findings (2-10-15 through 6-5-15) indicated decreased lumbar range of motion, a negative straight leg raise test and tenderness in the paraspinal muscles. The reported pain levels were 4-6 out of 10 with medications and 8-9 out of 10 without medications. As of the PR2 dated 7-17-15, the injured worker reports worsening of her lower back and left lower extremity pain. She rates her pain a 4 out of 10 with medications and an 8 out of 10 without medications. Objective findings include lumbar flexion 50 degrees, limited extension and tenderness in the paraspinal muscles L4-S1. There is also a negative straight leg raise test and a negative Patrick's test. The treating physician requested Cymbalta 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cymbalta 30mg, take one capsule by mouth daily quantity 60 DOS 7-17-15 for management of symptoms related to lumbar spine injury: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." Per progress report dated 7/17/15, it is noted that the injured worker rated pain 8/10 before medication, coming down to 4/10 with medication. She was taking Cymbalta, naproxen, and omeprazole. Cymbalta is indicated for the injured worker's neuropathic pain. The UR physician did not provide a rationale for denial. The request is medically necessary.