

Case Number:	CM15-0181626		
Date Assigned:	09/22/2015	Date of Injury:	04/20/1999
Decision Date:	10/27/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 female who sustained an industrial injury on 04-20-1999. Current diagnoses include sprain-strain lumbar, pain in joint involving the shoulder region, cervical spondylosis, lumbar spondylosis, and post laminectomy cervical. Report dated 08-13-2015 noted that the injured worker presented with complaints that included back pain with radiation of tingling, and associated numbness in the bilateral lower extremities, left shoulder pain, and new pain in the bilateral hands and wrist with radiation into thumb. Physical examination performed on 08-13-2015 revealed tenderness in lumbar paraspinal musculature, and limited range of motion due to pain. Previous treatments included medications, cervical facet blocks, medial branch blocks, cognitive behavioral therapy, neurotomy, and surgical intervention. The treatment plan included refilling medications which included tizanidine, Oxycontin, increased oxycodone, Lidoderm patches, Cymbalta, ibuprofen, and omeprazole, discontinued trazadone and gabapentin, continue cognitive behavioral therapy, continue OTC constipation treatments, proceed with appointment for the right shoulder, urine drug screen next visit, and follow up in one month. Cymbalta has been prescribed since at least 01-05-2015. Request for authorization dated 08-13-2015, included requests for oxycontin, oxycodone, tizanidine, Cymbalta, and Lidoderm patches. The utilization review dated 08-22-2015, non-certified the request for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Cymbalta 60mg #60 is not medically necessary per the MTUS Guidelines. The MTUS states that Cymbalta is 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. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. The MTUS states that antidepressants for chronic pain require an 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. The documentation is not clear on efficacy of prior use of Cymbalta and that it has caused an increase in function therefore continued use of this medication is not medically necessary.