

Case Number:	CM15-0188653		
Date Assigned:	10/09/2015	Date of Injury:	10/14/2000
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

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

This is a 63 year old female who sustained an industrial injury on 10-14-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discogenic pain, chronic low back pain, lumbar degenerative disc disease, lower extremity paresthesias and myofascial pain. According to the progress reports dated 7-17-2015 to 8-21-2015, the injured worker complained of low back pain rated 9 out of 10 without medication and 5 out of 10 with medication. The injured worker was given a Toradol injection for exacerbation of her back pain. It was noted (7-17-2015) that functional improvement with her medication was exercising and caring for her severely debilitated husband. The physical exam (8-21-2015) revealed tenderness in the lumbar paraspinal muscles and in the facets on the left L4 through S1. There were palpable spasms. Range of motion was decreased. The injured worker completed a PHQ-9 questionnaire to assess depression; she scored four, which was mild depression. Treatment has included lumbar epidural injection, physical therapy and medications. Cymbalta was prescribed 5-8-2015 for low back pain and radicular symptoms. It was noted that she was unable to tolerate Gabapentin. The request for authorization dated 8-25-2015 was for Naprosyn, Cymbalta, Prilosec and an ice pack. The original Utilization Review (UR) (8-31-2015) modified a request for Cymbalta from 60 tablets to 15 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg Qty 60 with 0 refills, take 1 capsule by mouth daily: 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.

Decision rationale: MTUS state regarding antidepressants for 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." The treating physician does not indicate failure of first-line agents other than gabapentin and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): 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%). Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. This request would indicate 60 days without additional interim reevaluation. There is not documented improvement on this medication As such, the request for Cymbalta 30mg Qty 60 with 0 refills, take 1 capsule by mouth daily is not medically necessary.