

<b>Case Number:</b>	CM15-0191568		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old male, who sustained an industrial injury on 1-4-11. He is diagnosed with lumbar facet arthropathy and left lumbar radiculitis. He is currently working and his disability status is permanent and stationary. A note dated 9-4-15 reveals the injured worker presented with complaints of constant back pain described as dull, aching, sharp, burning, tingling, numbness and pins and needles and is rated at 8 out of 10. He reports left leg pain that comes and goes and is increased with walking. He reports he can walk for approximately 30 minutes with pain and sit for approximately 1-2 hours. He reports he is able to engage in activities of daily living, but experiences pain. A physical examination dated 9-4-15 revealed a normal gait and decreased lumbar range of motion. He is able to squat and there is no tenderness to palpation noted from L1 to his sacrum. The straight leg raise is positive and sensation is decreased in the left L5-S1. Treatment to date has included physical therapy, home exercise program, chiropractic care (provided temporary relief), lumbar epidural steroid injection (provided 4 days of relief), medications; muscle relaxer, Ibuprofen, Hydrocodone, per note dated 9-4-15. An MRI (2014) revealed L4-L5 5 mm broad based disc bulge, facet and ligamentum flavum hypertrophy with moderate canal stenosis, moderate bilateral neural foraminal narrowing left greater than right and at L5-S1 there is a 5 mm broad based disc bulge and facet arthropathy which results in moderate bilateral neural foraminal narrowing less pronounced in L4-L5. A request for authorization dated 9-4-15 for Duloxetine 20 mg #30 no refill is denied, per Utilization Review letter dated 9-19-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 20mg #30, no refill:** 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): Duloxetine (Cymbalta), Medications for chronic pain.

**Decision rationale:** The claimant sustained a work injury in January 2011 as the result of a slip and fall. He continues to be treated for low back pain with left lower extremity radiating symptoms. Medications have included Norco which was discontinued due to aberrant urine drug testing. He was seen by the requesting provider for an initial evaluation on 09/04/15. Prior treatments had included physical therapy with a home exercise program. Chiropractic treatments had not provided benefit. He had four days of pain relief after a lumbar epidural injection. Medications had included gabapentin and Lyrica with side effects. He reported being depressed and anxious. Physical examination findings included decreased lumbar spine range of motion. There was decreased left lower extremity strength and sensation. Ibuprofen, Nortriptyline, and duloxetine were prescribed. Duloxetine can be recommended as a first-line option in the treatment of neuropathic pain. However, guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple medications at the same time, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular medication. In this case, nortriptyline was also prescribed for the same indication, neuropathic pain. For this reason, the request is not considered medically necessary.