

Case Number:	CM15-0196749		
Date Assigned:	10/12/2015	Date of Injury:	02/27/2013
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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 36 year old male, who sustained an industrial injury on 02-27-2013. He has reported subsequent shoulder, neck, low back and lower extremity pain and was diagnosed with rotator cuff syndrome, cervical, bilateral shoulder and lumbar sprain, left upper extremity radiculopathy and ongoing left lower extremity radiculopathy and weakness status post lumbar decompression surgery in 2013. Treatment to date has included pain medication, cervical and lumbar epidural steroid injections and surgery, which were noted to have failed to significantly relieve the pain. Documentation shows that Cymbalta (Duloxetine) had been prescribed as far back as 08-19-2014. In a 10-20-2014, progress note the injured worker noted that the combination of Cymbalta and Abilify helped to calm and relax him considerably and to deal better with chronic pain but that he was not certain that it actually decreased the intensity or frequency of his chronic pain. In a progress note dated 12-19-2014, the physician noted that the injured worker was doing poorly with a significant amount of pain that appeared to be directly related to non-authorization of Duloxetine and Abilify although both medications were noted to be subsequently authorized. The injured worker noted that he had only been using Abilify lately as Duloxetine induced headaches and that he would not take the medication. In a progress note dated 08-31-2015, the physician noted that almost every time the injured worker was seen, he had not taken the prescribed medications for a variety of reasons such as side effects or non-authorization medications. The physician noted that the injured worker had been on Cymbalta and Abilify for a while, and although the injured worker could not remember whether it helped the pain, he did feel the combination helped him emotionally to deal much better with pain. No

current subjective or objective examination findings were documented during this visit. Work status was documented as off work. The physician noted that a request for Duloxetine 20 mg as a titration dose and Duloxetine 60 mg at the same regular dose were being requested. A request for authorization of Duloxetine 60 mg #30 with 6 refills was submitted. As per the 09-17-2015 utilization review, the request for Duloxetine 60 mg #30 with 6 refills was modified to certification of Duloxetine 60 mg x one (1) month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg, #30 with 6 refills: Upheld

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): Antidepressants for chronic pain, Duloxetine (Cymbalta).

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)." MTUS also states "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." Upon review of the submitted documentation, it is suggested that the injured worker suffers from chronic neuropathic pain as well as depression for which Cymbalta is indicated. However, he has been prescribed this medication for a year without any clear subjective or objective improvement with the continued use of this medication. The documentation also mentions that the injured worker complained of side effects with Cymbalta due to which he was not completely compliant with the medication. In the absence of medical stability or functional improvement, the request for a one-month supply with six refills is excessive. Thus, the request for Duloxetine 60mg, #30 with 6 refills is not medically necessary. It is to be noted that the UR physician authorized one-month supply of the medication.