MAXIMUS Federal Services

Case Number:	CM15-0197020		
Date Assigned:	10/12/2015	Date of Injury:	10/01/2000
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on 10-1-2000. The injured worker is undergoing treatment for lumbar degenerative disc disease (DDD), psychosexual dysfunction, sleep apnea, anxiety, adjustment disorder and cervical degenerative disc disease (DDD). Medical records dated 9-9-2015 indicate the injured worker complains of back pain rated 10 out of 10 without medication and 5 out of 10 with medication. The treating physician indicates the injured worker "needs Testosterone replacement and Cymbalta for his mood, energy and sleep." The treating physician does not indicate quality and hours of sleep. Physical exam dated 9-9-2015 notes "severe pain" with cervical thoracic and lumbar motion. Shoulder, bilateral elbow, hands and knee range of motion (ROM) is decreased and painful. Psychiatric exam is listed as normal. Treatment to date has included cervical fusion, medication, physical therapy, magnetic resonance imaging (MRI) and X-rays. The original utilization review dated 9-24-2015 indicates the request for Cymbalta 60mg #30 with 4 refills is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 60 mg #30 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that SNRI's are FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Cymbalta is a antidepressant/selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. 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. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. In this case, the worker has a diagnosis of anxiety, which is an FDA approved indication for Cymbalta. The clinical note from 9/9/15 demonstrates functional improvement with his current medication regimen. As the worker has been on the Cymbalta since 2012 with documented functional improvement, the request has met the criteria set forth in the guidelines. As he has been on the medication for a prolonged period without adverse effects, follow-up at less frequent intervals is warranted. Therefore this request is medically necessary.