

Case Number:	CM15-0197841		
Date Assigned:	10/13/2015	Date of Injury:	01/20/2006
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 1-20-06. The injured worker is being treated for lumbar radiculitis, lumbar post-laminectomy syndrome, sacroiliitis and drug induced constipation. Treatment to date has included right lateral femoral cutaneous nerve block (immediately relieved all right anterolateral thigh pain and numbness-symptoms began to return after about a week following the 1st procedure and following the 2nd the pain has remained at 0), oral medications including Norco, Gabapentin, Amitiza; and activity modifications. On 8-17-15, the injured worker complains of burning, tingling shooting pain in upper and lower back throughout her lower extremities and feet. It is noted the worst symptoms are in the anterior thighs. Work status is unclear. Physical exam performed on 8-17-15 revealed tenderness to palpation of transverse process at L5, tenderness of sacroiliac joint and greater trochanter, tenderness of paraspinal region at right L4 and ileolumbar region, right thigh is diffusely tender and tenderness of paraspinal region at left L4 with painful restricted range of motion of lumbar spine. The treatment plan included request for refilling of Norco and Gabapentin and prescription for Cymbalta 60mg #30. On 9-15-15, request for Cymbalta 60mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #30: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months along with another SSRI- fluoxetine. The need for multiple SSRIS was not substantiated. A diagnosis of major depressive disorder was not noted. The continued use is not supported by any evidence and is not medically necessary.