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| Case Number: | CM15-0203492 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 08/30/2000 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/03/2015 |
| Priority: | Standard | Application | 10/15/2015 |

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 53 year old male injured worker suffered an industrial injury on 8-30-2000. The diagnoses included major depression, cervical fusion and lumbar fusion. On 9-8-2015 the treating provider reported neck and bilateral upper extremity pain, low back pain, hip and lower extremity pain, and blurred vision. The pain radiated down both upper extremities to the thumb and index finger of both hands. He reported numbness in both upper and lower extremities. The injured worker also reported the Cymbalta was improving the depression. The medications in use were Cymbalta, Oxycodone and Voltaren gel. On exam the gait was altered with marked tenderness to the cervical spine and lumbar spine with reduced range of motion. The provider noted sensory deficit to both upper and lower extremities. The motor function of the lower extremities was modestly reduced. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. Cymbalta had been in use for at least since 3-2015 for low back pain. The Utilization Review on 10-3-2015 determined modification for Cymbalta #30 to #15 1 tab by Mouth Daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 1 tab by Mouth Daily: 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): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that 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. The patient has been on Cymbalta without demonstrated functional improvement, percentage of relief, or increase in activity. Therefore the request is not medically necessary.