

Case Number:	CM15-0206785		
Date Assigned:	10/23/2015	Date of Injury:	03/26/2012
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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 58-year-old male, with a reported date of injury of 03-26-2012. The diagnoses include chronic low back pain, possible bilateral S1 radiculopathy, lumbar degenerative disc disease, chronic mid-back pain, multi-level thoracic degenerative disc disease with herniated nucleus pulposus, chronic anterior wedging of the T4 vertebral body with T7-8 mild canal stenosis, lumbar facet arthropathy, multilevel lumbar canal stenosis, and multilevel lumbar bilateral neural foraminal narrowing. The progress report dated 08-31-2015 indicates that the injured worker had low back pain, and a new onset of aching pain from the upper back to the bilateral shoulders. He rated his low back pain 7-8 out of 10. On 05-04-2015, the injured worker rated his low back pain 6-8 out of 10, and his right shoulder pain 5-6 out of 10. It was noted that the injured worker used Cymbalta at night, which helped to reduce the pain and improved the injured worker's activity level. The injured worker denied side effects from the medications. The objective findings include no acute distress; a moderately analgic gait, with use of a single point cane; moderate tenderness to palpation of the lumbar paraspinals with spasm; decreased lumbar spine range of motion in all planes; limited lower extremity motor function due to left knee pain; straight leg raise on the right at 20 degrees which caused pain to the knee; and positive Slump test. The treating physician noted that the CURES report dated 08-31-2015 was "consistent". The injured worker's disability status was deferred to the primary treating physician. The diagnostic studies to date have included electrodiagnostic studies on 07-10-2012 which showed bilateral S1 radiculopathy; an MRI of the lumbar spine on 02-19-2013 which showed degenerative disc disease with facet arthropathy and retrolisthesis at L2-3, canal

stenosis, and neural foraminal narrowing; an MRI of the thoracic spine on 02-19-2013 which showed degenerative disc disease with multifocal protrusion and broad-based bulges with mild chronic anterior wedging of the T4 vertebral body; and a urine drug screen on 10-03-2014 with consistent findings. Treatments and evaluation to date have included Relafen, Flexeril, Trazodone, acupuncture, chiropractic therapy, transforaminal epidural steroid injection, medical marijuana, Quazepam, Lunesta, and Cymbalta (since at least 08-2015). The request for authorization was dated 08-31-2015. The treating physician requested Duloxetine DR 30mg #60 with two refills. On 09-30-2015, Utilization Review (UR) modified the request for Duloxetine Dr 30mg #60 with two refills to Duloxetine DR 30mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine cap 30mg dr 30mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

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)" The latest progress report available for review dated 8/31/15 did contain findings consistent with neuropathic pain. The requested medication is indicated for neuropathic pain, however a three month supply is excessive. It is to be noted that the UR physician authorized a one-month supply and further continuation of the medication depends on evidence of objective functional improvement with the use of Cymbalta. Thus, the request is not medically necessary.