

Case Number:	CM15-0020078		
Date Assigned:	02/09/2015	Date of Injury:	06/26/2003
Decision Date:	04/01/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/03/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female who reported an injury on 03/07/2003. The injured worker reportedly suffered a low back strain while attempting to maneuver a beverage cart. The current diagnosis is lumbar herniated nucleus pulposus. The injured worker presented on 12/08/2014 for a followup evaluation with complaints of persistent low back pain. Upon examination, there was tenderness to palpation with spasm and positive straight leg raise. Recommendations included physical therapy twice per week for 6 weeks. The injured worker was also issued a prescription for Lunesta 3 mg, Flexeril 10 mg, tramadol 50 mg, and Cymbalta 20 mg. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: California MTUS Guidelines state Cymbalta has been FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. There is a lack of documentation of objective functional improvement despite the ongoing use of this medication. Within the documentation provided, it was also noted that the injured worker was to wean from Cymbalta 60 mg between 12/2014 and 01/2015. Therefore, the ongoing use of this medication would not be supported. There was also no frequency listed in the request. As such, the request is not medically appropriate.