

Case Number:	CM15-0221039		
Date Assigned:	11/16/2015	Date of Injury:	02/01/2013
Decision Date:	12/28/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/10/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35 year old female who sustained an industrial injury on 02-01-2013. Medical records indicated the worker was treated for cervical, thoracic, and lumbar strain with shoulder impingement syndrome. In the provider notes of 09-23-2015, the injured worker complains of constant pain in the low back with intermittent radiation down the right lower extremity to the heel with numbness and tingling. Bending and lifting activities aggravate her pain. She still has intermittent sharp pain in the left anterior shoulder area. She is taking Tylenol extra strength at bedtime which helps her sleep and using the transcutaneous electrical nerve stimulation (TENS) unit. A MRI of the lumbosacral spine (09-22-2015) revealed a small right L5-S1 disc herniation encroaching the right L5 nerve root resulting in mild right L5-S1 neuroforaminal stenosis. On exam, there is tenderness over the bilateral cervical paraspinal muscles, upper trapezius, and right rhomboids. Cervical active range of motion has no deficit. The left shoulder range of motion is 100 degrees of abduction, 180 degrees forward flexion. She has tenderness over the L5-S1 disc space and paraspinal muscles, mid sacrum, bilateral posterior superior iliac spine and right gluteal musculature. Sitting straight leg raise is mildly positive on the right and negative on the left. Treatment plans include awaiting MRI of the left shoulder, await authorization for acupuncture, and request Cymbalta to decrease chronic pain while continuing the Tylenol extra strength at bedtime. A request for authorization was submitted for Cymbalta 30mg once a day, unspecified quantity. A utilization review decision 10-22-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg once a day, unspecified quantity: 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: MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS states regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): 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. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%).....Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation." Cymbalta is FDA approved for the treatment of depression and requires continued monitoring for effectiveness per MTUS guidelines. There is an unspecified quantity, so the request cannot be approved. Therefore, the request is not medically necessary.