

Case Number:	CM15-0036040		
Date Assigned:	03/04/2015	Date of Injury:	01/19/2012
Decision Date:	04/09/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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 44 year old female, who sustained an industrial injury on 1/19/2012. The diagnoses have included L2 spinal fracture. Treatment to date has included functional restoration program, medications and spinal fusion T12-L4 dated 1/23/2012. Currently, the IW reported a flare up in right neck and shoulder pain due to sleeping on the right side. She is unable to sleep on her back due to the pain. There is pain in the back and right buttock radiating down the right leg. Objective findings included spasm in the right lower back and buttock area. She has to lie down for most of the visit due to citing intolerance. The right ankle reflex is diminished. There are limitations in thoracolumbar spine motion. On 2/11/2015, Utilization Review non-certified a request for Cymbalta 20mg #90 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #90 plus 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta
Page(s): 13-14.

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 an unknown length of time. The continued use is not supported by any evidence and is not medically necessary.