

Case Number:	CM15-0059183		
Date Assigned:	04/03/2015	Date of Injury:	02/25/2000
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/28/2015

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: Ohio, West Virginia

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

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 63 year old female, who sustained an industrial injury on 02/25/2000. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 03/10/2015 the injured worker has reported persistent neck pain and right upper extremity and paresthesia. On examination of the cervical spine she was noted to have diffuse tenderness over the upper and lower paraspinal muscles on the right side, range of motion of the cervical spine was decreased on the right side. Brachioradialis reflex was decreased. Tinel's sign was positive over both wrists. The diagnoses have included status post cervical fusion for cervical radiculopathy and increasing radicular pain in the right side, chronic pain syndrome, mild bilateral carpal tunnel syndrome and migraine. Treatment to date has included acupuncture and medication (Gabapentin, Amitriptyline, and Cymbalta for chronic pain and Imitrex for migraines). The provider requested Duloxetine 30mg #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions and Treatments Page(s): 15-16.

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 IW also has been prescribed amitriptyline in conjunction with the duloxetine, as both are serotonergic medications their co-use is contraindicated without a specific explanation of need and documented close monitoring for adverse events, none of which are noted in the available medical record. MTUS states regarding Cymbalta specifically: "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." Cymbalta requires continued monitoring for effectiveness per MTUS guidelines and as mentioned above co-use with other serotonergic agents requires additional monitoring for adverse effects. 6 refills would indicate 210 days without additional interim reevaluation. The available medical records indicate that the total daily amount prescribed is 90mg, which is in excess of the maximum recommended 60mg per day, there has never been shown an increased benefit with dosages above 60mg/day. Further; medical records do not substantiate anxiety, depression, diabetic neuropathy, and/or fibromyalgia, which are the only FDA indicated uses of Cymbalta. As such, the request for Cymbalta 30mg #30 x 6 refills is deemed not medically necessary.