

Case Number:	CM15-0080606		
Date Assigned:	05/01/2015	Date of Injury:	03/15/2007
Decision Date:	06/01/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/27/2015

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
 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 50 year old male, who sustained an industrial injury on March 15, 2007. He has reported back pain, leg pain, headache, and hand numbness. Diagnoses have included lumbar spine musculoligamentous strain/sprain with bilateral lower extremity radiculitis, thoracic spine musculoligamentous strain/sprain, gastrointestinal upset/irritable bowel syndrome, and sleep loss secondary to pain. Treatment to date has included medications, psychotherapy, spinal surgeries, imaging studies, and diagnostic testing. A progress note dated March 12, 2015 indicates a chief complaint of back pain and spasms that are controlled with medications. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants, Page 15.

Decision rationale: Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered and certified previously. The Cymbalta 30mg is not medically necessary and appropriate.

Metaxalone #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pages 64-65.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Metaxalone #10 is not medically necessary and appropriate.