

Case Number:	CM15-0081863		
Date Assigned:	05/04/2015	Date of Injury:	03/29/2010
Decision Date:	06/02/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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: 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 51 year old female who sustained an industrial injury on 03/29/2010. Diagnoses include sprain/strain of the lumbar region and thoracic region, and lumbosacral spondylosis. Treatment to date has included diagnostic studies, medications, facet blocks, back brace, physical therapy, and the use of ice and heat. A physician progress note dated 03/17/2015 documents the injured worker complains of continued low back pain. She was involved in a motor vehicle accident 2 weeks ago and experienced immediate mid and low back pain. She was sent to the hospital and was treated with a Toradol injection for the pain and was diagnosed with back strain. She is now using a cane to ambulate. Now she is complaining of localized midline thoracic pain that is constant and stabbing in nature rated as 8 out of 10, and she has frequent muscle spasms. The pain radiates to her left and right posterior upper thigh down to her knees, and the pain is constant. Medications decrease her pain to 4 out of 10. Lumbar range of motion with flexion is 40 degrees and painful, with extension 5 degrees and is painful, and right and left lateral bending is 20 degrees. Left straight leg raising produces left lateral thigh pain. Left hip rotation produces left hip pain. The treatment plan is for the continuation of Cymbalta, an increase in Neurontin, ice and heat and she is to follow up with her primary physician. Treatment requested is for Cymbalta 20mg #180 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #180 x 2 refills: 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(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 several months without sustained symptom relief and required a higher dose and need for invasive procedures. The continued use is not supported by any evidence and is not medically necessary.