

<b>Case Number:</b>	CM15-0082074		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Texas, 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:

This is a 52-year-old male patient, who sustained an industrial injury on 2/7/2014. Diagnoses have included multi-level lumbar degenerative disc disease, L4-L5 and L5-S1 disc annular fissuring and chronic pain syndrome. He sustained the injury while putting a snow chains on the truck. According to the Functional Restoration Program report dated 4/24/2015, he had complaints of low back pain and right lower extremity radicular pain; urinary incontinence, improved mood and sleep disturbances. The medications list includes cymbalta, gabapentin, lisinopril, zenpep (pancrealipase), baclofen, atorvastatin, glipizide, synthroid and percocet. He has had lumbar MRI on 4/5/2014; lumbar CT scan on 6/30/14; EMG/NCS of lower extremities on 9/11/14 and lumbar myelogram on 6/30/14. He has had physical therapy, pool therapy, H-wave and TENS for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine HCL (Cymbalta) 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta; Antidepressants for chronic pain Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta) Page(s): 15.

**Decision rationale:** Request: Duloxetine HCL (Cymbalta) 20mg #60; Cymbalta contains Duloxetine which is Selective serotonin and nor epinephrine reuptake inhibitors (SNRIs). Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "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. Per the records provided patient had chronic low back pain with radiculopathy symptoms. SNRIs like cymbalta are a first line option for patients with chronic pain with radiculopathy. The request for Duloxetine HCL (Cymbalta) 20mg #60 is medically appropriate and necessary for this patient.

**Gabapentin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin; Anti-epilepsy Drugs (AEDs) Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** Request: Gabapentin 600mg #90; Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, CRPS: "Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Per the records provided patient had chronic low back and with right lower extremity radicular symptoms. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 600mg #90 is medically appropriate and necessary for this patient.