

Case Number:	CM15-0089085		
Date Assigned:	05/13/2015	Date of Injury:	02/14/2011
Decision Date:	06/12/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57 year old male who sustained a work related injury February 14, 2011. According to a primary treating physician's progress report, dated April 9, 2015, the injured worker presented for neck pain and lower backache. He rates his pain 8/10 with medication and 10/10 without medication. The quality of his sleep is fair and his activity levels have decreased. He has an awkward gait; slowed and wide-based and assisted by a cane. Diagnoses are documented as spinal/lumbar degenerative disc disease; cervical facet syndrome; cervical and lumbar radiculopathy; knee pain. At issue, is the retrospective request for Duloxetine (Cymbalta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 4/6/15) Duloxetine 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) and Antidepressants for chronic pain Page(s): 15-16 and 13.

Decision rationale: Retrospective (DOS 4/6/15) Duloxetine 60mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Duloxetine (Cymbalta) 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. There is no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The MTUS states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The documentation indicates that the patient is tolerating Cymbalta but the documentation is not clear on the functional benefit of this medication or that the patient has neuropathic pain therefore this request is not medically necessary.