

Case Number:	CM14-0163737		
Date Assigned:	10/08/2014	Date of Injury:	12/02/2004
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 60 year old male who sustained an injury on 12-2-04. Office visit on 9-16-14 notes the claimant has increased left knee and right ankle pain, lumbar pain to the left side above his hip going down the left leg and severe right ankle pain. The left leg feels weak and goes out occasionally. His pain is 6-7/10. The claimant reports clonazepam helps a lot. He reported with Cymbalta he felt better with less pain and depression. On exam, the claimant has tenderness, spasms, SLR is positive, antalgic gait, decreased lumbar range of motion, normal sensation, reflexes and motor strength is normal bilaterally. He has swelling and tenderness at the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Specific Antidepressants, SNRIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter -anti depressants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has chronic back pain with radiating pain down the left leg. He reports improvement with this medication. However, the claimant is also being prescribed Cymbalta 60 mg. The prescription for two different doses of Cymbalta is not supported particularly when it exceeds current recommendations. ODG notes that this drug was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. (FDA, 2008) An FDA panel concluded that Cymbalta was effective in treating chronic low back pain, and they voted in favor of [REDACTED] request to broaden the indication to include the treatment of chronic pain. (FDA, 2010) On November 4, 2010, the FDA approved duloxetine HCl delayed-release capsules (Cymbalta; [REDACTED]) for the once-daily treatment of chronic musculoskeletal pain. Regulatory approval followed a positive vote regarding the use of duloxetine to treat chronic low back pain, but the committee did not express the same confidence in the drug's usefulness as a treatment for osteoarthritis. Despite this, duloxetine has been approved for both chronic low back pain and osteoarthritis. The recommended dose is 60 mg daily. Duloxetine delayed-release capsules previously were approved for the treatment of major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, and fibromyalgia. (FDA2, 2010). The recommended dose is 60 mg daily. Therefore, the Cymbalta 30mg #7 is not medically necessary and appropriate.

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Specific Antidepressants, SNRIs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti depressants Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter -anti depressants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-depressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. This claimant has chronic back pain with radiating pain down the left leg. He reports improvement with this medication. However, the claimant is also being prescribed Cymbalta 60 mg. The prescription for two different doses of Cymbalta is not supported particularly when it exceeds current recommendations. ODG notes that this drug was recently included in a list of 20 medications identified by the FDA's Adverse Event Reporting System that are under FDA investigation. (FDA, 2008) An FDA panel concluded that Cymbalta was effective in treating chronic low back pain, and they voted in favor of [REDACTED] request to broaden the indication to include the treatment of chronic pain. (FDA, 2010) On November 4, 2010, the FDA approved duloxetine HCl delayed-release capsules (Cymbalta; Eli Lilly and Co) for the once-daily treatment of chronic musculoskeletal pain. Regulatory approval followed a positive vote regarding the use of duloxetine to treat chronic low back pain, but the committee did not express the same confidence in the drug's usefulness as a treatment for osteoarthritis. Despite this, duloxetine has been approved for both chronic low back pain and osteoarthritis. The recommended dose is 60 mg daily. Duloxetine delayed-release capsules previously were approved for the treatment of major depressive disorder, generalized anxiety disorder, diabetic

peripheral neuropathic pain, and fibromyalgia. (FDA2, 2010). The recommended dose is 60 mg daily. Therefore, the request of Cymbalta 60mg #30 is medically necessary and appropriate.

Clonazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Benzodiazepines

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the request of Clonazepam 0.5mg #30 is not medically necessary and appropriate.

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM notes that MRI is moderately recommended for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. There is an absence in documentation noting that this claimant has nerve root entrapment. On exam, this claimant has no neurological deficits. Therefore, the MRI of Lumbar Spine is not medically necessary and appropriate.