MAXIMUS Federal Services

Case Number:	CM14-0105955		
Date Assigned:	07/30/2014	Date of Injury:	12/05/2001
Decision Date:	06/22/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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. 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 50 year old, female who sustained a work related injury on 12/5/01. The diagnoses have included cervical disc disease, status post cervical spine fusion, cervical radicular pain and acute or chronic neck pain. Treatments have included a home exercise program, medications and physical therapy. In the PR-2 dated 6/17/14, the injured worker complains of ongoing, episodic neck and right upper trapezius pain. She rates her pain level a 4/10. She has mild tenderness to palpation in the upper cervical paraspinals around the suboccipital. The cervical spine range of motion is limited in extension and rotation due to pain. The treatment plan includes a continuation of and prescription refill for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Cymbalta 60mg # 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 16-18.

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 over a year. Although, the pain is well controlled, there is no mention of failure of 1st line medications such as Tylenol, NSAID or Tricyclic. There is no mention of depression or PTSD. Recent notes indicate on 1/20/15 that she is managing "somewhat on Cymbalta." The continued use is not supported by any evidence and is not medically necessary.