

Case Number:	CM14-0211074		
Date Assigned:	12/23/2014	Date of Injury:	10/25/2013
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 30-year-old man with a date of injury of October 25, 2013. The mechanism of injury occurred as the IW was performing his regular job duties cutting broccoli. The IW felt sudden low back pain radiating to the right gluteal and leg. The injured worker's working diagnosis is lower back pain. The IW engaged a new primary treating physician on November 14, 2014. According to the Doctor's First Report of Occupation Injury or Illness dated November 14, 2014, the IW complains of lower back pain. Objective findings include positive lumbar spine pain. Straight leg raise test is positive at 40 degrees. Lumbar range of motion is decreased by 50%. The IW was provided with Naproxen 500mg #60, Omeprazole 40mg #30, Duloxetine 30mg #60, and Gabapentin 100mg #90. The current request is for Duloxetine 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine CAP 30mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Cymbalta.

Decision rationale: Pursuant to the chronic pain treatment guidelines and the official disability guidelines, duloxetine CAP 30 mg #60 is not medically necessary. Duloxetine is recommended in first-line treatment of neuropathic pain. It is FDA approved for treatment of depression, anxiety disorders, and diabetic neuropathy. See the guidelines for additional details. In this case, the injured worker engaged a new primary physician on November 14, 2014. The injured worker's working diagnosis is low back pain. The physician prescribed Naprosyn 500 mg #60, omeprazole 40 mg #30, gabapentin 100 mg #90, and duloxetine 30 mg #60. Duloxetine is recommended in the first-line treatment of neuropathic pain. However, the documentation does not provide any evidence of a neuropathic symptoms or objective sign. Consequently, in the absence of clinical documentation of neuropathic signs and symptoms, duloxetine CAP 30 mg #60 is not medically necessary.