

Case Number:	CM14-0215597		
Date Assigned:	01/05/2015	Date of Injury:	07/07/2011
Decision Date:	02/25/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/23/2014

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
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 DOI is 07/07/2011 when the patient was involved in a head on MVA collision that resulted in the death of two people in the other car. The patient receives treatment for chronic neck and low back pain with right knee pain. The patient has become opioid dependent. Medications prescribed include Restoril, Xanax, Phernergan, Imitrix, Norco, Zanaflex, Oxycontin, and Cymbalta. The patient had neck surgery consisting of an anterior approach C5-T1 discectomy and fusion. The patient has lumbar disc disease as evident on a lumbar MRI. There is evidence of a meniscus injury in the knee. The patient receives treatment for anxiety, depression, insomnia, and PTSD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 1 PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web) Neck & Upper Back, Computed tomography (CT) Pain Chapter, Benzodiazepines, Insomnia, Proton pump inhibitors (PPIs), Head Chapter, Triptans

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

Decision rationale: Per guidelines, Cymbalta is an antidepressant which may be medically indicated to treat neuropathy, especially diabetic neuropathy. There is no high quality medical evidence to recommend it to treat lumbar radiculopathy. This patient has chronic neck pain, failed surgery for cervical disc disease, and low back pain. Based on the documentation, Cymbalta is not medically indicated; therefore, the request is not medically necessary.