

Case Number:	CM14-0215686		
Date Assigned:	01/05/2015	Date of Injury:	10/01/2000
Decision Date:	03/10/2015	UR Denial Date:	12/01/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 patient is a 41-year-old woman who sustained a work-related injury on October 1, 2000. Subsequently, she developed chronic low back and neck pain. The patient underwent a left lumbar laminectomy/microdiscectomy/decompression at L5-S1 on January 9, 2013. According to the progress report dated June 9, 2014, the patient complained of neck pain radiating through the right upper extremity into the fingers with associated numbness and tingling. The patient also complained of low back pain radiating into bilateral lower extremities down into the knees, left greater than right, with associated numbness and tingling. Examination of the lumbar spine revealed tenderness to palpation over the left paralumbar region with appreciable paralumbar muscle spasm. range of motion was limited by pain. Motor examination within the lower extremities was normal 5/5 in all muscle groups tested. sensory examination was normal to pinwheel and light touch in all dermatomes throughout the right lower extremity, diminished on the right. Supine straight leg raising was to 90 degrees bilaterally with low back pain. Sitting straight leg raising was to 90 degrees bilaterally without pain. Examination of the cervical spine revealed a limited range of motion. There was tenderness to palpation over the right trapezial, rhomboid, and bilateral paracervical regions with appreciable muscle spasm. Motor examination within the upper extremities was 5/5 in all muscle groups tested bilaterally. Sensory examination was normal in both upper extremities to pinwheel and light touch in all dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

Decision rationale: Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient can not be warranted without continuous monitoring of its efficacy. Cymbalta has been used without evidence of pain relief and functional improvement.