

Case Number:	CM15-0114090		
Date Assigned:	06/22/2015	Date of Injury:	12/31/2013
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 12/13/2013. The injured worker was reported to back pain due to separating and moving books that were in totes weighing about 65 lbs. On provider visit dated, the injured worker has reported 04/30/2015. On examination of the lumbar spine revealed tenderness to palpation and a decreased range of motion and positive straight leg raise on the right. The diagnoses have included lumbosacral neuritis NOS, lumbar strain, lumbar canal stenosis, lumbar radiculopathy and adjustment disorder with anxiety and depressed mood. Treatment to date has included chiropractic therapy and current medications were noted as Celebrex, Norco and Zanaflex. The provider requested Cymbalta 30mg quantity 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg quantity 30 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain, Chronic, Cymbalta.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 195-396, 402.

Decision rationale: Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, it is unclear whether this medication is being initiated or has been used on an ongoing basis. It is further unclear whether this it being prescribed for back pain, neuropathic pain, or depression. Additionally, there is no documentation indicating whether the patient has responded to the current Cymbalta treatment. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.