

Case Number:	CM15-0114998		
Date Assigned:	06/23/2015	Date of Injury:	01/20/2009
Decision Date:	07/30/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/15/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 40 year old male sustained an industrial injury to the low back on 1/20/09. Previous treatment included magnetic resonance imaging, physical therapy, aqua therapy, transcutaneous electrical nerve stimulator unit, h-wave and medications. The injured worker underwent gastric bypass surgery in February 2015. Magnetic resonance imaging lumbar spine (4/13/15) showed L3-4 disc protrusion with annular fissure and L4-5 disc bulge affecting the L4 and L5 nerve roots. Past medical history was significant for hypertension, diabetes mellitus, depression and anxiety. In an orthopedic progress note dated 3/9/15, the injured worker complained of ongoing low back pain and right lower limb pain. Physical exam was remarkable for diffuse tenderness to palpation to the bilateral lower lumbar paraspinal musculature with decreased range of motion, positive right straight leg raise, 5/5 lower extremity motor strength and decreased sensation to the right L5 distribution. Current diagnoses included lumbar pain and lumbar radiculitis. The physician noted that the injured worker was too heavy to undergo epidural steroid injections. The treatment plan included aquatic physical therapy, continuing his weight loss program and prescriptions for Lyrica and Tramadol. In a progress note dated 4/27/15, the injured worker reported a recent flare-up of lumbar radicular symptoms. The injured worker had had recent knee surgery and had not been able to initiate any therapy for the lumbar spine. He was unable to tolerate Tramadol due to upset stomach. The injured worker had lost 99 pounds since his gastric bypass surgery. The treatment plan included lumbar epidural steroid injections at L3-4 and L4-5 and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg every night #30: Overturned

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

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006). The injured worker suffers from right lumbar radiculopathy. Per progress note dated 4/27/15, the injured worker reported a recent flare-up of lumbar radicular symptoms. He had recent knee surgery and was not able to initiate any therapy for the lumbar spine. He was unable to tolerate Tramadol due to upset stomach. The latest progress report available for review dated 4/27/2015 did contain findings consistent with neuropathic pain. The request for Cymbalta 20mg every night #30 is medically necessary; however, continued need for this medication requires documentation suggesting objective functional improvement.