

Case Number:	CM15-0122949		
Date Assigned:	07/07/2015	Date of Injury:	08/24/2010
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 is a 43 year old male who sustained an industrial injury on 8/24/2010. Initial complaints were of his lower back. The injured worker was diagnosed as having lumbar region sprain; other back symptoms. Treatment to date has included radiofrequency neurotomy, home exercise program and medications. Currently, the PR-2 notes dated 12/22/14 indicated the injured worker complained of low back pain. His current medication was noted as Cymbalta. The note reviewed his industrial injury and noted he has had an MRI of the lumbar spine along with bilateral a radiofrequency neurotomies on 6/25/13 which gave 75% relief over 7-8 months and increased his functionability. His low back pain slowly returned since then. Prior non-industrial L4-5 decompressive surgery in April 2010 gave complete relief of pain. He reported his pain level at 1-2/10 with medication (Cymbalta) which provides 50-60% relief of his low back pain. It also allowed for an easier time at work and an increase in his activity and exercise ability. He reported he sleeps 6-7 hours per night. On physical examination the provider noted the injured worker was able to arise easily from a seated position and his gait was stable; quadriceps strength was 5/5 bilaterally. His treatment plan included a request for Cymbalta refill 30mg. The provider's request for authorization is for Duloxetine (Cymbalta) capsule 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine cap 30mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants for pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 15 Stress Related Conditions Page(s): Chp 12 pg 308, Chp 15 pg 388, 402, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, Duloxetine (Cymbalta) Page(s): 13-16, 43-4.

Decision rationale: Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient reports at least a 50% improvement in pain and improved functioning from his use of Cymbalta even though he has not been diagnosed with comorbid depression. There is no contraindication for continued use and the provider has documented the effectiveness of this medication. Medical necessity for continued use of this medication has been established. Therefore, the request is medically necessary.