

Case Number:	CM15-0123259		
Date Assigned:	07/07/2015	Date of Injury:	07/18/2007
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
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: New Jersey, Alabama, 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:

This 57 year old female sustained an industrial injury on 7/18/07. She subsequently reported bilateral knee pain. Diagnoses include herniated lumbosacral / sacral disc. Treatments to date include prescription medications. The injured worker continues to experience low back pain which radiates to the bilateral lower legs. Upon examination, there is no gross scoliosis or abnormalities. Range of motion is normal. Gait and station is normal. No focal deficits, cranial nerves 2-12 are grossly intact. A request for Duloxetine 60 mg #60 with 3 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-depressants Page(s): 15-16.

Decision rationale: Duloxetine 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 back pain. There is no clear evidence that the patient has diabetic neuropathy. A prolonged use of Duloxetine in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request for Duloxetine 60mg #60 with 3 refills is not medically necessary.