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| Case Number: | CM15-0177609 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 04/17/2014 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/18/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female who sustained an industrial injury on 4-17-14. A review of the medical records indicates she is undergoing treatment for lumbar sprain, joint facet syndrome, and radiculopathy of the lumbar or thoracic spine. Medical records (4-24-15 to 7-21-15) indicate ongoing complaints of low back pain. She rates the pain 9 out of 10 without medications. She reports spasms to her lower back, as well as pain. She reports the quality of the pain is sharp, stabbing, and achy. The pain is aggravated by bending, walking, weight bearing, sitting for long periods, and driving. She is currently not working. The physical exam reveals tenderness on both sides of the lumbar paraspinal area. Motor strength testing was "slightly decreased at 4 out of 5". Range of motion of the lumbar spine is limited - forward flexion 20 degrees, extension 5 degrees. Diagnostic studies have included x-rays of the lumbar spine, as well as an MRI of the lumbar spine. An updated MRI has been requested. Treatment has included medications and modified work restrictions. Her medications have included a Lidocaine patch, Tramadol, Flexeril, Celebrex, and Cymbalta. The medical records (6-30-15) indicate that she has "failed injections, physical therapy, tincture of time and medications" and that she has "exhausted conservative measures". The requested treatment is for Cymbalta 60g, #30 with one refill. The utilization review (8-18-15) indicates denial of the request, stating that "there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and, or a reduction in the use of medications".

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The California MTUS section on Cymbalta states: Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin re-uptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The patient has neuropathic pain with no documented contraindications to taking this medication. Therefore the request is medically necessary.