

Case Number:	CM15-0179050		
Date Assigned:	09/21/2015	Date of Injury:	01/20/2010
Decision Date:	10/23/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

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:

This injured worker is a 57-year-old male who reported an industrial injury on 1-20-2010. His diagnoses, and or impressions, were noted to include: lumbar disc syndrome; right sacroiliac joint dysfunction; lumbar myofascial pain; and mild dyspepsia. No current imaging studies were noted. His treatments were noted to include medication management, and a return to full work duties. The progress notes of 8-18-2015 reported a return visit for an acute flare-up of his low back pain; a decrease in pain with increase in activities of daily living with medication usage; and a request for medication refills due to the acute flare-up of his low back pain. The objective findings were noted to include: tenderness in the lumbar musculature, right > left; mildly decreased lumbar range-of-motion with pain on movement; and positive straight leg raise and positive right Faber's test for sacroiliac joint pain. The physician's requests for treatments were noted to include Cymbalta 30 mg, 1 tab at hour of sleep, #30. Cymbalta was not noted on the progress reports or requests for authorization for 4 months prior to the 8-18-2015 request. The Request for Authorization, dated 8-18-2015, was noted to include Cymbalta 30 mg, 1 tab at hour of sleep, #30. The Utilization Review of 8-26-2015 non-certified the request for Cymbalta 30 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #40: 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 claimant sustained a work injury in January 2010 and is being treated for low back pain. In February 2015 Lyrica was prescribed until July 2015 when gabapentin was prescribed at 100 mg TID. When seen in August 2015, there was lumbar tenderness with decreased range of motion. There was positive right straight leg raising with positive Fabere test. Cymbalta 30 mg #30 was requested. The assessment references medication as providing increased activities of daily living and improved sleep. In this case, the documentation of the claimant's medication management is unclear. Lyrica was changed to gabapentin for an unknown reason and gabapentin was prescribed at a sub-therapeutic dose and then changed to Cymbalta. Regardless, Cymbalta (Duloxetine) can be recommended as an option in the treatment of neuropathic pain and it is also a first-line agent. The maximum dose is 120 mg per day. The claimant has lumbar degenerative disc disease with positive right straight leg raising. The requested dose is consistent with that recommended and is medically necessary.