

Case Number:	CM15-0022427		
Date Assigned:	02/12/2015	Date of Injury:	02/13/2003
Decision Date:	04/01/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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: Internal 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 67 year old female, who sustained an industrial injury on 2/13/03. She has reported continued low back pain. The diagnosis is included post lumbar laminectomy syndrome. Treatment to date has included spinal cord stimulator, oral medications, laminectomy and transdermal medications. (CT) computerized tomography scan performed on 12/13/13 noted postsurgical changes of bilateral L5 laminectomies and insertion of stimulation electrodes at T12-L1 level and stable grade I anterolisthesis of L4 on L5 resulting in effacement of sub articular recess without significant spinal canal stenosis with moderate3 right and mild left neural foraminal narrowing. Currently, the injured worker complains of continued low back with no change in pain. Physical exam dated 12/15/14 noted right dural tension predominately causing right low back pain. On 1/14/15 Utilization Review non-certified Cymbalta 60mg #30, noting the injured worker does not appear to be a candidate for this medication. The MTUS, ACOEM Guidelines, was cited. On 1/19/15, the injured worker submitted an application for IMR for review of Cymbalta 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cymbalta 60mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical history documents a history of lumbar laminectomy, peripheral neuropathy, and spinal stenosis. Medical records document chronic pain and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information indicates that Cymbalta is indicated for chronic musculoskeletal pain. Medical records document chronic pain and chronic musculoskeletal pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta is medically necessary.