

<b>Case Number:</b>	CM15-0023404		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/19/2004
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, 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:

The injured worker is a 52 year old male who sustained an industrial injury on 07/19/14. He reports chronic low back pain, left shoulder pain, left neck pain which radiates to the left shoulder. Treatments to date include medications, physical therapy, right laminectomy at L5, spine surgery at L4-5, disc spacer placement at L4-5, and ESIs. Diagnoses include chronic pain syndrome, post laminectomy syndrome, depressive disorder, pain in shoulder, lumbar sprain/strain, disorder of sacrum, sacroiliitis, lumbosacral spondylosis and lumbago. In a progress note dated 01/08/15 the treating provider recommends continued medications including Cymbalta, and bilateral transforaminal ESIs at L5-S1. On 01/18/15 Utilization Review noncertified the Cymbalta and ESI, citing MTUS guidelines.

### 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 With 2 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15-16.

**Decision rationale:** Cymbalta 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 lumbar radiculopathy. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Cymbalta has been used without evidence of pain relief and functional improvement. Therefore, the request for Cymbalta 60mg #30 with 2 refills is not medically necessary.

**1 TFESI Bilateral L5-S1 Under Fluoroscopy Guidance:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no clear evidence from the physical examination of radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, TFESI Bilateral L5-S1 Under Fluoroscopy Guidanc is not medically necessary.