

Case Number:	CM15-0068093		
Date Assigned:	04/15/2015	Date of Injury:	09/24/1997
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/09/2015

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: California

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:

The injured worker is a 64 year old male, who sustained an industrial injury on 9/24/97. He reported low back pain with radiation to the lower extremities. The injured worker was diagnosed as having adjustment reaction with prolonged depressive reaction due to chronic pain and disability. Other diagnoses included carpal tunnel syndrome, back pain, lumbar stenosis, lower extremity radicular pain and possible radiculopathy. Treatment to date has included medications, 2 carpal tunnel release surgeries, and physical therapy. A physician's reports dated 10/30/14 and 3/6/15 both noted pain was rated as 7/10. Currently, the injured worker complains of lower back pain. The treating physician requested authorization for Cymbalta 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395, 396, 402.

Decision rationale: Regarding the request for Cymbalta, Chronic Pain Medical Treatment Guidelines states that Cymbalta is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations to determine a diagnosis of depression. Additionally, there is no documentation indicating whether or not the patient has responded to the current Cymbalta treatment in terms of improvement in depression or analgesic efficacy/functional improvement if Cymbalta is prescribed for pain. Additionally, the patient is taking 120 mg per day, above the maximum recommended dose, with no description as to why such a high dose is indicated for this individual. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested Cymbalta is not medically necessary.