

Case Number:	CM15-0071599		
Date Assigned:	04/21/2015	Date of Injury:	05/22/1998
Decision Date:	05/20/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: Arizona, California
 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 49 year old female, who sustained an industrial injury on 5/22/1998. She reported low back pain from lifting boxes of paper, and cumulative trauma injuries. The injured worker was diagnosed as having chronic pain syndrome, myalgia and myositis, not otherwise specified, right lateral epicondylitis, ulnar nerve lesion, lumbar sprain, and cervicalgia. Treatment to date has included diagnostics, physical therapy, chiropractic, transcutaneous electrical nerve stimulation unit, home exercise program, and medications. On 3/23/2105, the injured worker complained of significant pain since she was not getting Cymbalta medication. Pain was rated 4-5/10. It was documented that her medications, including Cymbalta, and the use of a transcutaneous electrical nerve stimulation unit had been providing more than a 50% decrease in her symptoms. Pain rating was documented at 4-5/10 for several months. Current medications included Ibuprofen. Motor strength was decreased due to pain in the upper extremities and straight leg raise test was negative. Urine drug screening was documented as inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cymbalta 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition.. The claimant had been on Cymbalta over a year. There is no indication of Tricyclic or Tylenol failure. In November 2014 her pain was 4-5/10 while on Ibuprofen and Cymbalta. This is similar to her pain currently off of Cymbalta. The continued use is not supported by any evidence and is not medically necessary.