

Case Number:	CM15-0074840		
Date Assigned:	04/24/2015	Date of Injury:	06/29/2012
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 43-year-old female, with a reported date of injury of 06/29/2012. The diagnoses include low back pain, chronic pain syndrome, depression, anxiety, neck pain, lumbar radiculopathy, lumbar intervertebral disc syndrome, and left ankle/foot pain. Treatments to date have included x-rays of the cervical spine, x-rays of the lumbar spine, x-rays of the left ankle, physical therapy, and oral medications. The progress report dated 02/17/2015 indicates that the injured worker stated that her low back was hurting, and that her left leg would get "clumsy." It was noted that the injured worker had a recent fall and pain crisis at that time was unbearable. The objective findings include positive sacral/coccyx tenderness and left ankle tenderness. The treatment plan included a prescription for Norco, Gabapentin, Duloxetine, and Tylenol. The treating physician requested Duloxetine 600mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 600 mg #30 with 1 refill: Upheld

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

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 Duloxetine <http://www.drugs.com/pro/duloxetine-capsules.html> <http://images.ddccdn.com/pro/images/d41b89c6-267c-49ef-85b9-28d7960045ea/1cc19fe2-a012-4102-ad2c-64e2b9df9873-08.jpg>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate 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 indicates that Duloxetine is available as delayed-release capsules in the following strengths: 20 mg, 30 mg, and 60 mg. The primary treating physician's progress report dated 2/17/15 documented the diagnoses of lower back pain, lumbar intervertebral disc syndrome, lumbar radiculopathy, and left ankle and foot pain. Request for authorization (RFA) dated 3/2/15 documented the request for Duloxetine 600 mg #30 with one refill. FDA Prescribing Information indicates that Duloxetine is available in three strengths: 20 mg, 30 mg, and 60 mg. The 60 mg capsule is the highest strength available. The request for authorization dated 3/2/15 documented the request for Duloxetine 600 mg capsules. Six hundred milligram capsules are not manufactured. Therefore, the request for Duloxetine 600 mg capsules cannot be endorsed, because 600 mg Duloxetine capsules are not manufactured. Therefore, the request for Duloxetine 600 mg capsules is not medically necessary.