

Case Number:	CM15-0096208		
Date Assigned:	05/26/2015	Date of Injury:	05/28/2009
Decision Date:	06/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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: Emergency 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:

This 34-year-old man sustained an industrial injury on 5/28/2009. The mechanism of injury is not detailed. Diagnoses include thoracic spine pain, thoracic disc degeneration, lumbar radiculopathy, lumbar post-spine surgery syndrome, and low back pain. Patient has undergone L5-S1 laminectomy and follow-up lumbar fusion of L4-S1 in 2010. Treatment has included oral medications and intrathecal pain pump. Physician notes dated 12/3/2014 show chronic multifactorial thoracic and lumbar spine pain. Patient has noted improvement in pain and function since placement of intrathecal pump and has been stable on Lyrica, Duloxetine, and other medications. Objective exam reveals slow gait, diffuse low back pain with limited range of motion. Recommendations include Percocet, Lyrica, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Serotonin Noradrenaline reuptake inhibitors, Antidepressants for chronic pain Page(s): 43,105, 13, 15. Decision based on Non-MTUS Citation Eli Lilly, Cymbalta -

Precautions/Hepatotoxicity; US Food and Drug Administration - Cymbalta -
Precautions/Hepatotoxicity.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: Duloxetine (Cymbalta) is a selective serotonin reuptake inhibitor (SNRI) with some efficacy in neuropathic pain. As per MTUS Chronic pain guidelines, SNRIs have little evidence in the treatment of radiculopathy or chronic low back pains. While there is some documentation of improvement of pain and function with Cymbalta, the lack of objective documentation of improvement on an off label use of a medication with little evidence to support its use is not warranted. It is also unclear if the pain improvement is due to intrathecal pump or other medications. Duloxetine is not medically necessary.

Lyrica 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-20.

Decision rationale: As per MTUS Chronic pain guidelines, Anti-epilepsy drugs (AEDs) may be useful in neuropathic pain but data is limited. Lyrica is FDA approved for diabetic neuropathy and postherpetic neuralgia only. There are no good studies to support its use in radicular pains. While there is some documentation of improvement of pain and function with Lyrica, the lack of objective documentation of improvement on an off label use of a medication with little evidence to support its use is not warranted. It is also unclear if the pain improvement is due to intrathecal pump or other medications. Lyrica is not medically necessary.