

<b>Case Number:</b>	CM14-0145932		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/28/2006
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old male who had a work related injury on 02/28/06. The injury occurred while repeatedly loading and unloading materials while performing his work duties. He developed low back pain. He underwent right sided L4-5 51 hemilaminectomy and discectomy in 2006, he went on to have a L4 to S1 interbody with posterolateral surgery and osseous fusion. He was treated with physical therapy, medications, he had medial branch blocks. Most recent clinical documentation submitted for review was dated 08/11/14. He was seen for follow up. He presented with complaints of increased and severe back pain that began approximately two weeks ago when he bent over to pick up a water bottle. He since experienced severe muscle spasm and back pain. The injured worker followed up with his general physician gave him two injections of Dilaudid that resolved the pain. He denied any bladder or bowel incontinence. He was authorized to follow up for pain management and utilized morphine which was suboptimally controlling his symptoms since flare up began. He complained of back pain radiating to the buttocks and down the anterior thighs, rated 8/10 on VAS. He had complaints of pain in his hands rated 8/10 VAS. Current medication was Anaprox, Norco, oxycodone, Cymbalta 30mg capsules, and Cymbalta 60mg capsules. On physical examination he walked with significantly antalgic forward flexed gait pattern. There was well healed midline lumbar incision. There was tenderness to palpation of the paravertebral muscles, bilaterally greater on the left than the right. Decreased sensation over left L4 dermatome distribution. Reflexes 2+ and symmetrical in lower extremities. Strength in his hip flexors was 3/5 on the right 4/5 on the left. Ankle dorsiflexion was 4/5 on the left and EHL was 4+/5 on the right. Straight leg was positive for severe back pain at 40 degrees bilaterally. Diagnosis status post solid lumbar fusion L4 to S1. Thoracic spine pain. Lumbar spine radiculopathy. Hypertension. Abdominal pain secondary to anterior spine exposure. L3-4 disc degeneration annular tear. Prior utilization review dated 08/13/14 was

modified to Cymbalta 60mg #30 with one refill, but the patient should be reevaluated in two months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cymbalta 60mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Duloxetine (Cymbalta) Page(s): 44.

**Decision rationale:** As noted on page 44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings consistent with neuropathy. As such, medical necessity has been established.