

<b>Case Number:</b>	CM13-0024087		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	11/15/2008
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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 General Surgery, and is licensed to practice in Mississippi. 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 patient is a 47 year old male who was injured on 11/15/08 due to an undisclosed mechanism of injury. Current diagnoses included degenerative disc disease of the cervical spine with stenosis, chronic thoracic myofascial complaints, left shoulder pain with impingement, right lumbar radiculopathy, and medication induced gastritis/reflux. A clinical note dated 01/16/14 indicated the patient presenting with low back pain with intermittent right leg complaints to the calf and neck pain. The patient rated the pain at 6-7/10. The patient reported utilization of topical ice, narcotic pain medications, and topical creams for pain management. The patient previously underwent an epidural steroid injection at C5-6 with 50% relief for one week. Physical examination revealed tenderness to palpation in the cervical spine and lumbar spine greater on the right side with spasms into the lumbar spine, range of motion of the cervical spine and lumbar spine continued to be limited in all, decreased sensation in left C5 and C6 dermatomes and right L5 dermatome, and motor exam of the upper extremities and lower extremities was limited by pain. Current medications were listed as Norco 10/325mg BID PRN pain and lidopro topical cream PRN.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60MG #30 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
SELECTIVE SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS , 15  
Page(s): 15.

**Decision rationale:** As noted on page 15 of the MTUS Chronic Pain Guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. However, the most recent documentation lists the patient's medications as Norco 10/325mg BID PRN pain and lidopro topical cream PRN. A clinical note dated 08/01/13 indicated the patient had discontinued use of Cymbalta due to adverse effects including anxiety and cramping. There was no additional clinical documentation and subsequent clinical notes to indicate ongoing recommendations for Cymbalta use. The only references to medications prescribed included Norco and topical medications. As such, the request is not medically necessary and appropriate.