

Case Number:	CM13-0032654		
Date Assigned:	12/11/2013	Date of Injury:	04/04/2008
Decision Date:	02/07/2014	UR Denial Date:	09/15/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Female claimant sustained a work injury on 4/4/08 that resulted in knee, back, hips, hands, and wrist pain. She was found to have multi-level disk arthropathy of the lumbar spine and depression and anxiety. In the past she had received therapy and analgesics for her symptoms. An exam report on 8/8/13 indicated a request to treat the anxiety and depression with Cymbalta. Exam reports in the prior months included fatigue scoring consistent with depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-24 months prescription of Cymbalta 60 mg [REDACTED]):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43-44.

Decision rationale: According to the MTUS guidelines, Duloxetine (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 (effect measured as a 30% reduction in baseline pain). In this case, however, the request for Cymbalta for 1 to 2 yrs. is excessive without allowing for periodic assessments to determine response and side effects of the medication. As a result, Cymbalta for the quantity /duration requested is not medically necessary or appropriate.