

<b>Case Number:</b>	CM13-0037268		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Internal Medicine and Cardiology, is Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient is a 52-year-old female who reported an injury on 12/13/2010. The mechanism of injury was not provided for review. The patient ultimately developed chronic knee pain. The patient's treatment history included medications, physical therapy, a home exercise program, surgical intervention, and Synvisc injections. The patient's most recent clinical evaluation indicated that the patient had received authorization for chondroplasty. The patient's active medications included Cymbalta 60 mg, Percocet 5/325 mg, Inderal 20 mg, and a Butrans patch 10 mcg per hour 1 patch per week. The patient's treatment plan included cardiac clearance for surgical intervention, continuation with home exercise program, and continuation with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg, #30:** 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 Medications for Chronic Pain and Antidepressants for chronic pain Page(s): s 60, 13.

**Decision rationale:** The requested Cymbalta 60mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does recommend antidepressants such as Cymbalta as a first line medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends the continued use of medications in the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of increased functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has any pain relief or functional benefit from the prescribed medications. Therefore, continuation would not be supported by guideline recommendations. As such, the requested Cymbalta 60mg #30 is not medically necessary or appropriate.