

<b>Case Number:</b>	CM13-0056923		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 patient is a 47 year old male who was injured on 04/11/2013. He stated he was working and pouring cement for a sidewalk in the street when he was stuck by a car from behind. He stated he awoke in the ambulance. He stated he was complaining of pain in his back, neck right leg and right hand. Prior treatment history has included cognitive behavioral therapy, Vicodin, Prilosec, and Cymbalta; lumbar epidural steroid injection. The patient underwent low back fusion in January 2005. He has had six surgeries for 3 implantations and 3 removals of electronic stimulators for low back pain. He underwent a carpal tunnel release October 11, 2013. PR-2 dated 11/20/2013 documented the patient presented for a follow-up evaluation of his low back. He was awaiting left carpal tunnel release surgery to be done in January of 2014. He was still recovering from the right wrist surgery. The patient currently was taking Cymbalta and Hydrocodone approximately twice a day for his pain. The patient continued to have the same low back pain. He reported pain down both legs, but more on the right side all the way to his toes. He denied any bowel or bladder incontinence. His examination was grossly unchanged. He had a right wrist incision that was healing well without any signs of erythema, edema, or drainage. PR-2 dated 10/08/2013 indicated the patient complained of back pain and carpal tunnel pain. His psychological complaints were of agitation and depression. Objective findings on exam revealed he had completed his two recently authorized individual behavioral pain management sessions that had been reduced to every six weeks. The patient received psychopharmacological treatment with [REDACTED], who prescribed Cymbalta. The patient continued to practice the cognitive behavioral therapy techniques taught in individual treatment sessions, such as deep breathing exercises, anger management strategies, and communication skills training to increase his tolerance for pain while improving mood modulation. This is evidenced by the patient's continued decrease in his pain medication dosage. As he continued to exhibit functional

improvement, a request for additional treatment was being made. The patient was diagnosed with depressive disorder and adjustment disorder.

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

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

**Cymbalta 30mg:** Overturned

**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 Page(s): 15-16.

**Decision rationale:** As per CA MTUS Guidelines, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, this patient is diagnosed with depressive disorder secondary to chronic neuropathic pain. He has had trial of Cymbalta and has exhibited functional improvement and improved mood and affect. Thus, based on the medical records submitted, the prescription for Cymbalta 30 mg is medically necessary and appropriate.