

<b>Case Number:</b>	CM13-0063365		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/28/1999
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Sports Medicine 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 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 67-year-old female who reported an injury on 04/28/1999 after a trip and fall. The injured worker reportedly sustained an injury to her bilateral upper extremities, bilateral knees and low back. The injured worker's treatment history included physical therapy, surgical intervention, postsurgical physical therapy, acupuncture and medications. An acupuncture re-evaluation dated 09/16/2013 documented that the injured worker had ongoing pain complaints of the bilateral wrists rated at a 5/10 and a 7/10 of the bilateral knees. It was noted that the injured worker was observed in moderate distress with a slow gait pattern assisted by a cane. The injured worker's diagnoses included myalgia, osteoarthritis, depression, anxiety, bilateral wrist pain, bilateral knee pain and chronic pain. The injured worker received an acupuncture treatment. This is the most recent clinical evaluation submitted for this injured worker. The request was made for Cymbalta 30 mg #60; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 30 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition McGraw Hill 2006; Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13.

**Decision rationale:** The requested Cymbalta 30 mg #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend antidepressants as a first-line medication in the management of chronic pain. However, the clinical documentation did not provide a recent assessment or medication history to support the ongoing use of medications. There was no documentation of a reduction in pain related to medication usage or functional benefit as a result of the medication usage. Therefore, the appropriateness of this medication cannot be determined. Additionally, the request as it was submitted did not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Cymbalta 30 mg #60 is not medically necessary or appropriate.