

<b>Case Number:</b>	CM14-0008442		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	03/15/1999
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 73 year old female who reported an injury on 03/05/1999. The nature and mechanism of the injury are unknown. On 01/03/2014, her diagnoses included cervical disc herniation, lumbar disc herniation and facet syndrome. She described her right-sided neck pain as aching, acute, cramping and pressure, rated 3/10. Her back, low back and lumbar complaints included aching, burning dull and mild at 2-3/10, exacerbated by standing, lying down, bending with stiffness, and weakness and radicular pain to both legs. Her left knee pain, rated 3/10 was noted as aching, burning, deep, localized, radiating, shooting and throbbing, with stiffness, swelling and tenderness. A knee brace was helpful. Bilateral shoulder pain was 5-8/10 on the right side and 3-5/10 on the left side described as aching, burning deep, shooting down to hand and fingers. She indicated that narcotics improved the condition. It was not stated whether these pain ratings were with or without medications. X-rays revealed no acute findings in the left shoulder and minimal glenohumeral and mild right AC joint osteoarthritis with prior rotator cuff repair. Lumbar spine x-rays showed multi-level chronic appearing spondylolisthesis without instability. Her cervical x-rays revealed multi-level degenerative changes with loss of normal cervical lordosis and no evidence of instability. Her left knee x-rays showed possible old bone infarcts in the distal femur. Her medications included Cymbalta 30 mg, Flector Patch 1.3%, Lunesta 2 mg, Tramadol 37.5 mg and Tylenol. In a letter she wrote on 01/18/2014, she stated that after taking Cymbalta for two weeks, she has had partial but significant pain relief. She stated "it's like a miracle". The request for Authorization was submitted on 12/13/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 30MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines DULOXETINE (CYMBALTA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The request for Cymbalta 30 mg #30 is not medically necessary. Her diagnoses include cervical disc herniation, lumbar disc herniation and facet syndrome. She has had pain in her cervical and lumbar spine, bilateral shoulders, arms and hands, and left knee. She was prescribed Tramadol and Cymbalta for her pain and takes Tylenol as well. She reported that the Cymbalta was effective in helping reduce her pain. Chronic Pain Medical Treatment Guidelines antidepressants for chronic pain and Cymbalta (Duloxetine) specifically as FDA approved for diabetic neuropathy and fibromyalgia, further mentioning that it is used off-label for neuropathic pain and radiculopathy. No high-quality evidence is reported to support the use of duloxetine for lumbar radiculopathy and recommends that more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no evidence the injured worker previously failed a trial of tricyclic antidepressants. The request submitted did not include directions for use of the Cymbalta. Therefore the request for Cymbalta 30 mg #30 is not medically necessary.