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| <b>Case Number:</b>   | CM14-0101548 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 06/10/1999 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 06/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2014 |

### 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 Pain Management, 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 injured worker is 64-year-old female who suffered an injury to her right knee from a fall on January 15, 2013. She has a history of reflex sympathetic dystrophy of the knee. She is diagnosed with: (1) history of severe complex regional pain syndrome, right lower extremity related to sprain/strain injury with significant disuse atrophy, previous magnetic resonance imaging scan revealing incidental finding of enchondroma with negative bone scan and x-rays revealing osteopenia and joint effusion; (2) concomitant depression and insomnia due to pain; (3) dyspepsia from non-steroidal anti-inflammatory drug use; and (4) neuropathic component of pain. Medication utility as per November 4, 2013 progress note includes Norco 7.5/325 mg, Mobic 15 mg, ranitidine 150 mg, Elavil 25 mg, Cymbalta 60 mg, and Lidoderm patch 5%. Evaluation of March 5, 2014 noted the injured worker's complaints of constant throbbing pain in the right knee with swelling rated as 9/10. She has been using occasional Norco for severe pain and mostly relies on over-the-counter Tylenol and Mobic of inflammation. She uses Elavil and Lidoderm patches to control neuropathic pain. She takes ranitidine to offset dyspepsia side effects from her non-steroidal anti-inflammatory drugs. Her overall pain is decreased to 7/10 with medications. Right knee exam showed significant disuse atrophy in the right thigh and calf. Allodynia to light touch and summation to pinprick was noted. Flexion of the right knee is 100 degrees. Crepitus was noted on passive range from flexion to extension. Patellar compression is painful. Some valgus laxity with stress testing of the knee joint was noted. The injured worker is not working and is currently on Social Security Disability. Follow-up on April 23, 2014 noted the injured worker's complaints of constant throbbing pain in the right knee with swelling. She stated she has been feeling "unstable" and that "the knee will give out." She utilizes Cymbalta 60 mg daily for depression and musculoskeletal pain, which she reported was "helpful." Right knee exam findings remain unchanged. Recent evaluation report dated June 4, 2014 noted

complaints of constant burning sensation to her right knee with pain and weakness rated as 8/10. With medications, she rated her pain as 5/10. Right knee flexion showed 110 degrees; otherwise, all right knee examination findings remain unchanged.

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

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

**Cymbalta 60 mg. 1 PO (by mouth) QTY: # 30 (30 day supply): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)-[drugs.com](http://drugs.com) Goodman and Gillman's, The Pharmacological Basis of Therapeutics, 12th ed. McGraw hill, 2005 Physician's Desk Reference, 68th ed., [www.RXList.com](http://www.RXList.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Duloxetine (Cymbalta) Page(s): 13, 43.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines support the use of anti-depressants, particularly Cymbalta (duloxetine), as treatment for anxiety, depression, and in some cases of chronic pain. The cited guidelines recommend Cymbalta as a first-line option for neuropathic pain. Review of medical records indicate that Cymbalta 60 milligrams #30, 1 tablet daily by mouth, was requested for the injured worker's depression secondary to her right knee injury. In this injured worker's case, she has been using Cymbalta since June 24, 2013 for "reactive depression." The recent medical records detail improvement of pain symptoms from the current medication regimen inclusive of Cymbalta 60 mg. However, from a psychiatric standpoint, the injured worker's co-morbid complaints of depression and anxiety have not been detailed in the available medical records. There has been no evidence of any psychiatric consultation or a mental status examination performed to establish the injured worker's psychiatric diagnosis to justify the medical necessity of Cymbalta. Therefore, it can be concluded that the Cymbalta is not medically necessary.