

<b>Case Number:</b>	CM14-0108229		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/06/1994
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 a 51-year-old male who was reportedly injured on 12/06/1994. Progress report dated 08/25/2014 noted the injured worker reporting frequent syncopal episodes associated with chest pain. Right-sided weakness and allodynia with foot drop and abnormal speech pattern noted. Diagnoses include major depressive disorder with suicidal ideation, HTN, overdose, multiple syncopal episodes and CPRS. A request was made for Cymbalta 120 mg daily and was not certified on 07/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 120 mg daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 13, 15 and 16.

**Decision rationale:** Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia, used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to

determine the efficacy of duloxetine for other types of neuropathic pain. In this case, a diagnosis of CRP is suggested for which Cymbalta is not FDA-approved and is considered off-label. Therefore, the request is not medically necessary.