

<b>Case Number:</b>	CM14-0012803		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/08/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 58-year-old male who reported an injury on 01/08/2007 secondary to an unknown mechanism of injury. The injured worker was evaluated on 12/06/2013 for reports of low back pain rated at 5/10. The exam noted tenderness over the paravertebral muscles bilaterally and the motor testing was limited by pain. The diagnoses include lumbago, post lumbar laminectomy syndrome, disc disorder of the lumbar spine, and chronic pain syndrome. The treatment plan included continued medication therapy including Cymbalta. The exam noted the Cymbalta would be continued due to the benefit of it managing he injured worker's pain. The Request for Authorization dated 12/31/2013 was found in the documentation provided. The rationale for the request was pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60MG QID #30 FOR WEANING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DULOXEDINE (CYMBA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The request for Cymbalta 60 mg 4 times a day #30 for weaning is non-certified. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain and as a possible for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects such as excessive sedation should be assessed. It is recommended that these outcome measurements should be initiated at 1 week of treatment with a recommended trial of at least 4 weeks. There is a significant lack of objective evidence of an evaluation of the injured worker's function, pain outcomes before and after the medication, and psychological assessment. There is also a lack of evidence of the treatment plan concerning the antidepressant therapy. Therefore, the request is not medically necessary and appropriate.