

<b>Case Number:</b>	CM14-0013853		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/06/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 & 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:

This is a 64-year-old female patient with a 12/6/07 date of injury. The patient was walking to the kitchen when her left foot got caught on the rug in the doorway, causing her to twist her knee and tear her meniscus. Progress reports were hand written and partially illegible. A 12/13/13 progress report indicated that the patient continued to complain of pain 8/10. She was prescribed Cymbalta 30mg, and instructed to increase to 90mg if effective. A 1/9/14 progress report indicated that the patient's condition was the same. Objective findings were not provided. She was diagnosed with CRPS and radiculopathy. Treatment to date: medication management. There is documentation of a previous 1/16/14 adverse determination, because Duloxetine was recommended as a first line option for diabetic neuropathy but there was no documentation to support the use of duloxetine for lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 90MG, #30:** Overturned

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

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

**Decision rationale:** CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, is used as an off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. This patient is documented to have radiculopathy and neuropathic pain. The guidelines do support the use of Cymbalta in this setting. Therefore, the request for CYMBALTA 90MG, #30 was medically necessary.