

<b>Case Number:</b>	CM14-0111363		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/14/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Occupational 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 patient is a 58-year-old female who has submitted a claim for adhesive shoulder capsulitis, rotator cuff syndrome, cervical disc displacement, depression, and panic disorder associated with an industrial injury date of 2/14/2009. Medical records from 12/12/2011 up to 7/8/2014 were reviewed showing elbow pain but that her pain level with medications is 4/10 and 7-9/10 without medications. She is able to perform her ADLs with the medications and denies any side effects. She was diagnosed with major depressive disorder and panic disorder on 12/2011. There were no updated psychiatric notes available. Physical examination showed that the patient appeared to be guarding her left upper extremity. Treatment to date has included Effexor 37.5mg, Cymbalta 30mg, Norco, gabapentin, vicodin, and HEP. Utilization review from denied the request for Effexor 37.5 mg and Cymbalta 30 mg # 60. The reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor 37.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

**Decision rationale:** According to page 123 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Venlafaxine (Effexor) is FDA-approved for the treatment of depression. In this case, the patient has a known major depressive disorder since 12/2011. She has been taking Effexor since 1/2014. However, there was no documentation as to the benefits derived from this medication. It was unclear why this medication was added to the patient's current regimen. Additional information is necessary to support this request. Therefore, the request for Effexor 37.5 mg is not medically necessary.

**Cymbalta 30 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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

**Decision rationale:** As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient has been taking this medication since at least 11/2013. She noted improvement of pain from 7-9/10 without medications to 4/10 with medications. She is also able to perform her ADLs with the medications. The patient is also diagnosed with major depressive disorder. Therefore, the request for Cymbalta 30 mg # 60 is medically necessary.