

<b>Case Number:</b>	CM14-0116773		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Texas. 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 male with an industrial date of injury of 4/19/2010. He underwent bilateral knee TKA in 2012 and right hip arthroplasty in 2011. The patient underwent a psychiatric AME on 1/2/2014, and was provided the diagnoses: Axis I - mood disorder associated with the chronic syndrome. Polysubstance abuse in reported long-term remission; Axis II - avoidant personality traits noted on testing; Axis III - chronic pain syndrome involving the knees, hips, and lumbar spine; Axis IV - moderate; Axis V - GAF current 60 (moderate mood and anxiety symptoms). AME recommends future medical care should include up to 12 sessions of CBT and a trial of an antidepressant, such as cymbalta might be considered as well. The patient had a follow up evaluation on 6/20/2014, regarding his chronic bilateral knees, hip, and back pain, as well as depression due to injuries and subsequent surgeries. He also has severe depression and opioid induced hypotestosterone with subsequent ED. Current medications are Cymbalta DR 60mg, hydrocodone 10/325mg, viagra 100mg, and viagra 50 mg. Physical examination documents pain rated 5/10, mental status lethargic, depressed and flat affect, wide-based gait, forward flexed posture, normal hip ROM except for 30 degrees abduction in the right, adduction 10 degrees on the right and knee ROM 100 degrees bilaterally. There is tenderness of the paraspinal muscles overlying the facet joints and SI joints on both sides, joint crepitus in the knees of moderate degree, motor strength is normal. Diagnoses are OA of the knee, degeneration of lumbar IVD, chronic pain syndrome, hip pain, and drug induced impotence. The patient was dispensed 7 day sample of cymbalta DR 30mg and cymbalta DR 60 mg, as well as prescribed Cymbalta DR 60 mg #30 with 3 refills, Norco, and Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta DR 60mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the CA MTUS, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. 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. Dosing: 60 mg once a day as an off-label option for chronic pain syndromes. The patient was given a 7 day sample supply of Cymbalta DR 30mg to be taken daily at bedtime. It is necessary that a full evaluation of this patient's response to the Cymbalta trial take place, before considering providing him a four month supply of the medication at the higher 60 mg dosage. Until it is determined that the patient had a good response to the Cymbalta trial, the medical necessity of the request is unsubstantiated.