

<b>Case Number:</b>	CM14-0117275		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/09/2014
<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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 female who reported an injury on 04/07/2011. The mechanism of injury was a fall onto a ramp. The diagnoses included myofascial pain syndrome, cervical radiculopathy and lumbar sprain. Previous treatments included trigger point injections and medication. Within the clinical note dated 06/24/2014, it was reported the injured worker complained of pain to the bilateral lumbar spine paraspinal muscles with some numbness of the legs. The injured worker complained of pain in the cervical spine with some numbness of the bilateral hands. Upon the physical examination, the provider noted the injured worker had positive bilateral lumbar spine paraspinal trigger points. The injured worker had positive spasms in the bilateral lumbar spine, cervical spine paraspinal muscles. The injured worker had a positive Spurling's testing. The provider requested Cymbalta. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta, one month supply:** 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 Cymbalta  
Page(s): 43.

**Decision rationale:** The request for Cymbalta 1 month's supply is not medically necessary. The California MTUS Guidelines recommend Cymbalta as an option as first line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder and for the treatment of pain related to diabetic neuropathy. The guidelines note antidepressants are recommended as an option for radiculopathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and dosage of the medication. There is lack of documentation indicating the injured worker is treated for or diagnosed with neuropathic pain. Therefore, the request is not medically necessary.