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| <b>Case Number:</b>   | CM14-0120386 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 08/26/2009 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 07/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2014 |

### 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 Family 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:

This is a 54-year-old male patient who reported an industrial injury on 8/26/2009, over five (5) years ago, attributed to the performance of his usual and customary job tasks reported as descending a ladder and his foot slipped off the second two the last step in hit the ground. The patient complains of headaches; pain to the right shoulder; pain to the right shoulder blade; low back pain into the bilateral hips and into his tailbone; pain down to his feet. The patient has been treated by pain management and prescribed OxyContin; oxycodone; baclofen; Androgel; sienna; clonazepam; Flector patches; Cymbalta; Lidoderm patches; and Xanax. The treating diagnoses included joint pain ankle; chronic pain; RSD; lumbosacral neuritis; myalgia and myositis; and lumbago. The patient was prescribed Cymbalta 20 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for Chronic Pain; Antidepressants; Duloxetine

**Decision rationale:** The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first-line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for Lumbago with no demonstrated objective evidence consistent with a nerve impingement radiculopathy or consistent with chronic regional pain syndrome. There is no demonstrated nerve impingement radiculopathy. The patient is diagnosed with back pain. There is no clinical documentation by the provider to support the prescription for Cymbalta 20 mg q day for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. There has been no attempt to titrate the patient down or off the Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury five (5) years ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective Serotonin and Norepinephrine Reuptake Inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 20 mg #30 for the treatment of the effects of the cited industrial injury.