

<b>Case Number:</b>	CM14-0136121		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/17/1992
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 70 year old female who was injured on 04/17/1992 resulting in low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include lumbago and low back pain. Clinical note dated 07/14/14 indicated the injured worker presents with back pain, with pain level of 5/10 with medication. Without medication, her pain level is 10/10. The injured worker also indicated she is having a lot of stress and feels anxious and depressed. Physical examination of the lumbar spine revealed tenderness at the lumbar spine, and at facet joint, and decreased flexion, extension and decreased lateral bending. Medications include Ambien 10 mg tab at HS, Cymbalta 30 mg cap, Flexeril 10mg tab, and Norco 10-325mg tab. The previous request for Cymbalta 30mg # 60 with 2 refills was partially modified to 1 time refill to allow titration and discontinuation of the medication. Prior utilization review denied a request for Cymbalta 30mg # 60 with 2 refills on August 12, 2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg # 60 with 2 refills:** Overturned

**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 : 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Page(s): 43-44 of 127.

**Decision rationale:** As noted on pages 43-44 of the Chronic Pain Medical Treatment Guidelines, Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, fibromyalgia and chronic musculoskeletal pain. Cymbalta in this case is indicated for her anxiety and depression. Based on the advanced age of the patient and the length of Cymbalta use, sudden cessation of medication use may even pose greater risk to the overall health of the patient. . As such, the request for Cymbalta 30mg # 60 with 2 refills is recommended as medically necessary.