

<b>Case Number:</b>	CM14-0137060		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/05/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2014

### 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 39 year old male who was injured on 08/05/11. The mechanism of injury occurred when his foot got caught and he fell backwards. He was diagnosed with chronic neck and low back pain, lumbar radiculopathy, and lumbar degenerative facet disease. The most recent medical record submitted for review is dated 07/15/14. The injured worker states that the medications are effective. He denies any adverse reaction. Current medications Norco 10/325mg, Flexeril 10mg, Prilosec 20mg, Cymbalta 60mg, Flector patch. A signed opioid agreement is in the chart. Objective findings the injured worker does have customized shoes on his left foot. He is able to ambulate without need of an assistive device. The rest of the examination is unchanged. Diagnoses low back pain, lumbar MRI shows right S1 perineural cyst with associated chronic enlargement of the right S1 neuroforamen, L4-5 and L5-S1 degenerative disc disease, right foraminal L4-5 and dorsal L5-S1 enhancing annular fissures. There is mild right L4-5 foraminal stenosis, lumbar radiculopathy, neck pain, left foot and ankle pain. EMG (electromyography) performed in March of 2012 showed an abnormal study with chronic bilateral S1 radiculopathies. Prior utilization review on 07/31/14 modified the Cymbalta for weaning. Current request is for Cymbalta 30mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Duloxetine (Cymbalta) Page(s): 44.

**Decision rationale:** As noted on page 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 (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. The clinical documentation establishes the presence of objective findings consistent with neuropathy.