

<b>Case Number:</b>	CM14-0159696		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation 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:

According to the records made available for review, this is a 60-year-old male with a 12/1/02 date of injury. At the time (9/10/14) of request for authorization for Cymbalta 60 mg 1 capsule for 2 daily, PO (Per Mouth) # 60, there is documentation of subjective (poor sleep quality) and objective (restricted cervical range of motion with tenderness over the right cervical facet joints; right shoulder restricted range of motion, positive impingement tests, and tenderness in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa; and right elbow tenderness over the lateral epicondyle, medial epicondyle and soft tissue distal to the right elbow) findings, current diagnoses (shoulder pain, elbow pain, ulnar neuropathy, lateral epicondylitis, mood disorder, and pain in limb), and treatment to date (ongoing therapy with Cymbalta with improved activities of daily living). There is no documentation of depression, generalized anxiety disorder, diabetic neuropathy, neuropathic pain, or fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th e.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44. Decision based on Non-MTUS Citation Other Medical

Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, diabetic neuropathy, neuropathic pain, or fibromyalgia, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of shoulder pain, elbow pain, ulnar neuropathy, lateral epicondylitis, mood disorder, and pain in limb. In addition, given documentation of ongoing treatment with Cymbalta with improved activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Cymbalta. However, there is no documentation of depression, generalized anxiety disorder, diabetic neuropathy, neuropathic pain, or fibromyalgia. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60 mg # 60 is not medically necessary and appropriate.