

<b>Case Number:</b>	CM14-0027184		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/15/2002
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

43 year old female injured worker with date of injury 12/15/02 with related low back pain. Per progress report dated 1/31/14, the injured worker reported that pain level had remained unchanged since last visit. She did not report any change in location of pain. Quality of sleep was poor. Her activity level had decreased. She stated that medications were working well. No side effects were reported. Per physical exam of the lumbar spine, on palpation of the paravertebral muscles, spasm, tenderness, and tight muscle band was noted bilaterally. Lumbar facet loading was negative on both sides. Straight leg raising test was negative. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included spinal cord stimulator trial, and medication management. The date of UR decision was 2/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg one cap PO daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The latest progress report available for review dated 1/31/14 did not contain findings consistent with neuropathic pain. As the requested medication is not indicated, the request is not medically necessary.