

<b>Case Number:</b>	CM14-0028032		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/13/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The injured worker is a 64-year-old female who reported an injury on 06/13/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 08/15/2013 indicates diagnoses of status post lumbar laminectomy and discectomy, lumbar discogenic disease with radiculopathy and chronic low back pain. The injured worker reported chronic low back pain rated 5/10. The injured worker reported she would like to wean off the Cymbalta. On physical examination of the lumbar spine, there was painful range of motion as well as limited range of motion, positive League's on the right and positive straight leg raising on the right to 45 degrees. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Cymbalta. The provider submitted a request for 60 tablets of Cymbalta at 30 mg. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIXTY TABLETS OF CYMBALTA 30 MG BETWEEN 2/5/2014 AND 3/22/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIS Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for anxiety, depression, diabetic neuropathy or fibromyalgia. In addition, the injured worker had signs indicative of lumbar radiculopathy. Per the guidelines, there is no high quality to support the use of Cymbalta for lumbar radiculopathy. Furthermore, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the provider did not indicate a quantity or frequency for the medication. Therefore, the request for sixty tablets of Cymbalta 30 mg is not medically necessary.