

<b>Case Number:</b>	CM14-0034852		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/17/2002
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 36year old man with a work-related injury dated 4/17/02 resulting in chronic low back pain and urinary incontinence. The records include multiple evaluations by the primary care provider. During the office visit dated 1/16/14 the patient reports improved pain, functioning (able to do more ADLs and sit and stand longer) and mood with the use of cymbalta. He continues to have chronic pain in his neck and back with radicular sympoms. He takes multiple medications including cymbalta 60mg daily, Norco 10/325 mg, flomax, ambien and lyrica 200mg twice daily. He denies any adverse effects from the current medications excluding constipation. The physical exam shows tenderness to palpation throughout the thoracic paraspinal regions, the cervical region and the lumbar regions. There is decreased range of motion of the spine. There is decreased strength in the right lower extremity and sensation is decreased in dermatomal fashion in the right lower extremity. Diagnosis include chroic low back pain, right-sided sciatic pain, myofascial neck pain, pain-related depression, pain-related insomnia and mild lumbar DDD with ankylosing spondylitis. He requests additional physical therapy sessions to supplement the home exercise program. The plan of care includes PT, urology evaluation and continued use of oral medications including cymbalta. Under consideration is the continued use of cymbalta 60mg daily. Utilization review dated 2/18/14 modified certification of cymbalta approving cymbalta 60mg daily with a single refill instead of two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Cymbalta 60mg, #30 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14-16.

**Decision rationale:** Cymbalta (duloxetine) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). It is recommended as a first-line option for treatment of neuropathic pain. The FDA has approved duloxetine for the treatment of depression, generalized anxiety disorder and chronic pain related to diabetic neuropathy and fibromyalgia. There is not high quality evidence that duloxetine is helpful for the treatment of lumbar radiculopathy. According to the MTUS duloxetine is recommended for the treatment of depression or pain associated with neuropathy. In this case the patient is being treated for both neuropathic pain and depression. The documentation supports improved symptoms of depression, improved function and less pain. The injured worker does not have any contraindications to the continued use of cymbalta. The continued use of Cymbalta is medically necessary.