

<b>Case Number:</b>	CM14-0036135		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 New York. 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 51 year old man with a date of injury of 11/2/09. At issue in this review is the prospective prescription of Cymbalta 60mg #30 with 5 refills for low back pain. He was seen by her physician on 3/24/14 with complaints of low back and left knee pain. He stated his pain medications allowed him to move more easily, take his children to school and make his bed. He was using morphine, gabapentin, hydrocodone, ketamine cream, orphenadrine and Cymbalta for pain. MRI of his lumbar spine showed degenerative disc changes with mild to moderate neural foraminal narrowing and EMG was normal of his lower extremities. His physical exam showed he was in no distress and alert and oriented with no musculoskeletal or neurological exam documented. His Cymbalta was said to help his mood and his pain and is at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg, #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

**Decision rationale:** At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off-label for neuropathic pain and radiculopathy. There is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. In this injured worker with chronic back pain, there is limited documentation of a discussion of efficacy or side effects and given his lumbar radiculopathy. The records do not support the medical necessity of ongoing use of Cymbalta at a dose of 60mg, #30 with 5 refills.