

<b>Case Number:</b>	CM14-0043326		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old female was injured on February 9, 2010. The mechanism of injury is a trip and fall. The most recent progress note, dated March 19, 2014, indicates that there are ongoing complaints of low back pain, bilateral knee pain and numbness and tingling of the fourth and fifth fingers of the left-hand. The injured employee stated that Cymbalta was making her sleepy so she does not take it in the PM. It was stated to help with her depression. The physical examination demonstrated tenderness at the medial aspect of the right knee and medial and lateral aspects of the left knee. There was decreased sensation along the left L4 and L5 nerve distributions. Diagnostic imaging studies reported a tear of the left knee medial and lateral meniscus, chondromalacia of the medial femoral condyle, patella, and lateral tibial plateau. An MRI of the lumbar spine noted a disc bulge at L1 - L2 and L5 - S1 as well as a disc protrusion at L4 - L5, all of which are stated to be indenting the thecal sac. Previous treatment includes physical therapy for the lumbar spine and both knees as well as a home exercise program. Cymbalta and naproxen were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

**Decision rationale:** Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. According to the attached medical record the injured employee has subjective complaints of radicular symptoms as well as objective findings. There is also documentation that the injured employee has depression. Therefore this request for Cymbalta is medically necessary.