

<b>Case Number:</b>	CM14-0046001		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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:

According to the records made available for review, this is a 37-year-old male with a 7/13/09 date of injury. At the time (2/12/14) of request for authorization for Cymbalta 30 mg #30 with three (3) refills and Pristiq ER 50 mg #30 with three (3) refills, there is documentation of subjective (back and lower extremity pain) and objective (restricted cervical spine range of motion and tenderness to palpation over the cervical spine) findings, current diagnoses (carpal tunnel syndrome, cervical radiculopathy, left shoulder impingement, and spondylolisthesis), and treatment to date (medications (including ongoing treatment with Cymbalta and Pristiq)). Medical report identifies that the patient continues to get adequate improvement in pain with improved functioning with basic daily activities and reduced pain compared to not having medications. Regarding Cymbalta, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Regarding Pristiq, there is no documentation of chronic pain or depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg #30 with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, cervical radiculopathy, left shoulder impingement, and spondylolisthesis. In addition, there is documentation of ongoing treatment with Cymbalta and that the patient continues to get adequate improvement in pain with improved functioning with basic daily activities and reduced pain compared to not having medications. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 30 mg #30 with three (3) refills is not medically necessary.

**Pristiq ER 50 mg #30 with three (3) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Antidepressants.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic pain, as criteria necessary to support the medical necessity of antidepressants. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of depression, as criteria necessary to support the medical necessity of antidepressants. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, cervical radiculopathy, left shoulder impingement, and spondylolisthesis. In addition, there is documentation of ongoing treatment with Pristiq ER and that the patient continues to get adequate improvement in pain with improved functioning with basic daily activities and reduced pain compared to not having medications. However, there is no documentation of chronic pain or depression. Therefore, based on guidelines and a review of the evidence, the request for Pristiq ER 50 mg #30 with three (3) refills is not medically necessary.

