

<b>Case Number:</b>	CM14-0047053		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Illinois. 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 male who reported an injury on 07/27/2008 due to an unknown mechanism of injury. The injured worker ultimately developed reflex sympathetic dystrophy syndrome. The Letter of Medical Necessity dated 04/23/2014 indicated that the injured worker had been stable on medications to include a Lidoderm patch, Lyrica, and Cymbalta since 2008. However, this was the only recent documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta Delayed Release Capsule, 30mg, 1cap P.O. BID #60 for 30 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Physician's Desk Reference.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Depressants, page(s) 60 and 13 Page(s): 60, 13.

**Decision rationale:** The requested Cymbalta delayed release, 30 mg, 1 cap by mouth twice a day #60 for 30 days is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend antidepressants as a first line medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends continued treatment with medications for chronic pain be supported by pain relief

and functional benefit. There was no physical assessment or evaluation of the injured worker to support that the injured worker has adequate pain relief and increased functional benefit resulting from medication usage. Therefore, continued use would not be supported. As such, the requested Cymbalta delayed release, 30 mg, 1 cap by mouth twice a day #60 for 30 days is not medically necessary or appropriate.