

<b>Case Number:</b>	CM14-0064064		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Anesthesia, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 documents available for review, the patient is a 56 year old female. The date of injury is 2/26/2010. The patient sustained an injury to the bilateral wrists and shoulders. The specific mechanism of injury was not fully elaborated on in the notes available for review. The patient currently complains of pain in the wrists and shoulders worse with movement. The patient is maintained on the multimodal pain medication regimen including Cymbalta. A request for Cymbalta was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg #60 with 4 refills:** Upheld

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

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

**Decision rationale:** According to the MTUS, Cymbalta is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic

neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) On June 13, 2008, the FDA approved a new indication for duloxetine HCl delayed-release capsules (Cymbalta; Eli Lilly and Company) for the management of fibromyalgia in adults. FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. According to the documents available for review, the patient has none of the aforementioned FDA approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.