

<b>Case Number:</b>	CM14-0074632		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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:

The request for authorization dated 04/11/2014 is for Cymbalta 60mg twice a day for symptoms related to cervical and lumbar spine, shoulder and multiple joint injuries. There are documented subjective findings of neck and shoulder pain, jaw pain, low back pain, multiple joint pain, and multiple tender points. Additionally, objective findings are mild tenderness in the midline of the cervical, thoracic, and lumbar spine; and multiple tender points both above and below the waist i.e. left and right midline. The patient has decreased range of motion and 4/5 strength in the upper and lower extremity muscle groups. The patient's current diagnosis includes fibromyalgia, degenerative disc disease cervical, degenerative disc disease lumbar, and multiple joint pain. The treatment completed today is medications including Cymbalta for at least 5 months. There is no documentation of depression, generalized anxiety disorder or pain related to diabetic neuropathy; 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 with use of Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg twice a day for symptoms related to cervical and lumbar spine, shoulder and multiple joint injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Cervical and Thoracic Spine; table 2, Summary of Recommendations,

ACOEM Low Back; table 2, Summary of Recommendations, ACOEM Shoulder, table 2, Summary of Recommendations, Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition, 2006, Physician's Desk Reference 68th edition, ODG Workers Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, AMDD Agency Medical Directors Group Dose Calculator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), page(s) 43-44 Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain.

**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 fibromyalgia, degenerative disc disease cervical, degenerative disc disease lumbar, and multiple joint pain. In addition, there is documentation of treatment with Cymbalta for at least 5 months. However, there is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy. Moreover, there is no documentation 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 with use of Cymbalta. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg twice a day for symptoms related to cervical and lumbar spine, shoulder and multiple joint injuries is not medically necessary.