

<b>Case Number:</b>	CM14-0076205		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 injured worker is a 59 year-old female who was reportedly injured on 6/12/2013. The mechanism of injury is noted as a slip and fall. The most recent progress note dated 4/7/2014 indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated that there is pain in the right knee with valgus stress testing and right dorsiflexion. Otherwise the exam is unremarkable. Sensory and motor exam are within normal limits. Diagnostic imaging studies include a magnetic resonance image of the right shoulder dated 4/17/2014 which reveals tendinopathy of the supraspinatus tendon, findings consistent external impingement, mild superior labral fraying, mild acromioclavicular joint arthritic changes. Previous treatment includes medications, chiropractic care, sauce therapy and conservative treatment. A request was made for Cymbalta 30 mg #30 with 2 refills and was not certified in the pre-authorization process on 4/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg; 30 refills x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 105.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if tricyclic antidepressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records, documents chronic pain since a right knee injury. After review of the medical records provided there is no documentation of depression or any other mental illness on physical exam or listed is a diagnosis. Therefore this request for Cymbalta 30mg # 30 with 2 refills is deemed not medically necessary.