

<b>Case Number:</b>	CM14-0092393		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/23/1998
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 and Washington. 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 68-year-old female who reported an injury on 06/23/1998 due to an unknown mechanism. The diagnoses were peripheral sensory neuropathy, tarsal tunnel syndrome, neuritis in the posterior tibial nerve and insomnia. Past treatments and diagnostics were not reported. Surgical history was not reported. Subjective complaints were not reported. The injured worker had a physical examination on 12/16/2013, which stated that there were ongoing symptoms. She reported a minor progression of her condition. Neuro-examination revealed pupils were round and equal, reactive to light and accommodation. Extraocular movements were normal. There was normal facial sensation, no facial weakness and normal hearing. There was normal speech articulation and swallowing and no weakness of the trapezius and sternocleidomastoid muscles. The tongue was midline and there was no atrophy or fasciculations. There was no evidence for ataxia or nystagmus. Motor exam revealed that muscle mass and tone were normal for sex and age with no tremor and no weakness. Deep tendon reflexes revealed absent reflexes at the ankle and knee level. On sensory exam, there was decreased perception to multiple modalities on the lower extremities. Stance and gait revealed that the injured worker walked with a slow and unsteady gait. Medications were Lodine XL, Cymbalta, Lyrica and Trazodone. The treatment plan was to continue with medications as directed. The rationale and the Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine Cap 60 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Duloxetine, Antidepressants Page(s): 43-44, 13-14.

**Decision rationale:** The request for Duloxetine Cap 60 mg (Quantity: 90.00) is not medically necessary. The California Medical Treatment Utilization Schedule recommends Duloxetine as an option in the first-line treatment for neuropathic pain. Duloxetine is a norepinephrine and serotonin reuptake inhibitor antidepressant. It has FDA approval for the treatment of depression and generalized anxiety disorder and for the treatment of pain related to diabetic neuropathy, with the effect found to be significant by the end of week 1. The medication has been found to be effective for treating fibromyalgia in women with and without depression. Antidepressants for chronic pain are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration and psychological assessment. Tricyclic antidepressants are recommended as a first-line option for the treatment of neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. The physical examination did not report any functional improvement from the taking of Duloxetine. There was no report of the outcome of sleep quality and duration. There were no VAS scores for pain reported. Also, the request submitted did not indicate a frequency for the medication. Therefore, the request is not medically necessary.