

<b>Case Number:</b>	CM14-0181684		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	12/11/2003
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2014

### 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 Family Practice 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 injured worker is a 54 year old female who was injured on December 11, 2003. The results of the injury include bilateral wrist pain. Progress report dates June 11, 2014 noted tenderness and swelling of the wrist. Diagnosis included Rheumatoid arthritis. Wrist X-ray dated May 19, 2014 showed severe inflammatory changes with erosions throughout the RC joints evidence of previous Darrach distal ulnar resection. Treatment included steroid injections, splinting, and medications. The injured worker is retired. Utilization review form dated October 7, 2014 noncertified a request for Duloxetine 60 mg , # 30 due to not meeting chronic pain medical treatment guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine cap 60mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants..

**Decision rationale:** Duloxetine is an SNRI anti-depressant. The claimant's review of symptoms were negative for depression and anxiety. According to the guidelines, anti-depressants are

recommended for neuropathic pain. Duloxetine can be used 1st line for depression, anxiety, diabetic neuropathy and fibromyalgia. The claimant did not have the above diagnoses. There is lack of evidence to support its use for RA. There is no documentation of failure of other disease modifying agents, anti-inflammatories or NSAIDs. The request for Duloxetine is not medically necessary.