

<b>Case Number:</b>	CM14-0195785		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of May 24, 2012. A utilization review determination dated November 11, 2014 recommends denial of Cymbalta 90 mg #30. A progress note dated August 8, 2014 identifies subjective complaints of burning sensation in the groin area that is worse with standing, loss of sensation in the groin and posterior vaginal wall, she occasionally wets her pants and has difficulty with controlling stools, the patient reports low back pain, increased urinary frequency, impaired sleep, and the patient reports that Cymbalta is helping. The physical examination identifies reduced vibration of the lower extremity, and sensation to touch, pinprick, position, and vibration is impaired on the left T10 area. The diagnosis is low back pain. The treatment plan recommends continuation of Cymbalta 90 mg #30, continue with Norco 5-325 mg, continue with EpiPen device, continue with DuoNeb solution, continue with Protonix 40 mg, continue with Lidoderm patch 5%, and an injection of Kenalog 40 mg with 10 mL of Marcaine into the sacroiliac joints bilaterally is recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta Capsules Delayed Release 90mg X30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** Regarding the request for Cymbalta 90mg #30, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Cymbalta is being prescribed to treat depression, there is no documentation of depression, and no objective findings that would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Cymbalta 90mg #30 is not medically necessary.