

<b>Case Number:</b>	CM14-0200596		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 North Carolina. 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 patient is a 65-year-old with a reported injury date of 04/12/2001. The patient has the diagnoses of chronic pain syndrome, cervical spondylosis without myelopathy, cervical degenerative disc disease, headache, lumbosacral spondylosis without myelopathy, lumbar degenerative disc disease and depression. Previous treatment modalities have included arthroscopic surgery, epidural injections, radiofrequency ablation, physical therapy and TENS unit. Per the most recent progress reports provided for review from the primary treating physician dated 12/15/2014, the patient had complaints of chronic neck pain radiating into the left arm and chronic low back pain radiating into the left leg. The injury occurred as a result of an individual falling on her left side when the patient was assisting the individual. The physical exam noted tenderness over the paravertebral muscles and the trapezius muscles bilaterally, decreased cervical range of motion, positive bilateral straight leg raise test, lumbar facet tenderness, cervical right sided facet tenderness and radicular pain with low back flexion. There was noted decreased sensation in the left upper outer thigh and right inner upper thigh. Treatment plan recommendations included repeat lumbar epidural injections, home stretching/exercises and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg quantity 30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines duloxetine Page(s): 43-44.

**Decision rationale:** The California chronic pain medical treatment guidelines section on duloxetine states: Recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. The medication has been found to be effective for treating fibromyalgia in women with and without depression, 60 mg once or twice daily. (Arnold, 2005) The most frequent side effects include nausea, dizziness and fatigue. GI symptoms are more common early in treatment. The side effect profile of Duloxetine is thought to be less bothersome to patients than that of tricyclic antidepressants. Note: On October 17, 2005, [REDACTED] and the U.S. Food and Drug Administration (FDA) notified healthcare professionals of revision to the Precautions/Hepatotoxicity section of the prescribing information for Cymbalta. The patient has both diagnosis of neuropathic pain in the form of radiculitis and depression. The patient does not have any recorded liver problems. The included documentation objective measures improvement in pain and function on the patient's current medications. Therefore criteria for the use of this medication have been met and the request is medically necessary.