

<b>Case Number:</b>	CM14-0202532		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Interventional spine 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 patient is a 52-year-old male with date of injury of 05/06/2009. The listed diagnoses from 10/06/2014 are: 1. Right elbow internal derangement. 2. Right elbow pain. 3. Right elbow contusion. 4. Right knee internal derangement. 5. Status post right knee surgery from May 2010. 6. Right knee meniscal tear. 7. Right paracentral disk protrusion at L5-S1 measuring 3 mm displacing the right S1 nerve root. 8. Lumbar degenerative disk disease. 9. Lumbar facet joint arthropathy. 10. Low back pain. 11. Lumbar sprain/strain. 12. Right knee sprain/strain. 13. Right elbow sprain/strain. 14. Diabetes mellitus. 15. Status post right elbow surgery from 2011. According to this report, the patient complains of bilateral low back, right elbow, and right knee pain. The patient also reports decreased sleep. The examination shows clicking, popping, and buckling of the right knee. There is tenderness upon palpation of the right elbow, right knee, and lumbar paraspinal muscles. Lumbar, thoracic, right elbow and right knee ranges of motion were restricted by pain in all directions. Lumbar discogenic, thoracic, right elbow, and right knee provocative maneuvers were positive. Lumbar spasms are positive. Nerve root tensions signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs except 4+/5 in the right extensor hallucis longus and right soleus. There is decreased balance in heel and toe walking. The patient has an antalgic gait and uses a cane for ambulation. Treatment reports from 06/07/2013 to 10/06/2014 were provided for review. The utilization review denied the request on 10/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta #30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines selective serotonin and norepinephrine reuptake inhibitors (SNRIs) on duloxetine (Cymbalta) Page.

**Decision rationale:** This patient presents with bilateral low back, right elbow, and right knee pain. The treater is requesting CYMBALTA QUANTITY #30 WITH 2 REFILLS. The MTUS Guidelines page 16, 17 and 43, 44 on selective serotonin and norepinephrine reuptake inhibitors (SNRIs) on duloxetine (Cymbalta) state that it is used off label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for neuropathic pain as well as depression, anxiety and fibromyalgia. The records show that the patient has not tried Cymbalta in the past. The treater notes on 10/06/2014 that a prescription for Cymbalta was recommended to treat the patient's low back pain. However, the patient does not present with neuropathic pain and radiculopathy and the patient does not seem to present with other indications for Cymbalta such as depression or fibromyalgia. The request IS NOT medically necessary.