

<b>Case Number:</b>	CM15-0001721		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47-year-old female who reported injury on 09/16/2008. The mechanism of injury was not provided. The documentation of 07/25/2014 revealed the injured worker wanted to go back on all the medications she was on previously as they helped to function at a higher level and decreased overall pain and discomfort. The physician was requesting brand name medications since the injured worker had a rash and swelling from generic Cymbalta and Topamax. The surgical history included an incisional hernia repair and subsequent surgery due to infection, and a polysomnogram. The injured worker had an excision of the xiphoid bone process in 2009. The diagnoses included abdominal pain status post excision of the xiphoid bone process in 2009 with a history of postoperative wound infection, thoracic and mid back pain with unremarkable MRI, status post incisional hernia repair on 09/04/2012 with subsequent surgery due to infection and polysomnography demonstrating mild obstructive sleep apnea and periodic limb movement disorder. The injured worker's medications included Topamax and Cymbalta as of at least 09/26/2013. The injured worker indicated that Topamax and Cymbalta were helpful and they controlled her pain and allowed her to work. There was a Request for Authorization submitted for review dated 11/24/2014. The documentation of 11/11/2014 revealed the injured worker needed refill of her medications. The injured worker's current medications included Celebrex 200 mg, Nexium 40 mg, Zofran 8 mg, Biofreeze gel, Cymbalta 30 mg twice a day brand name, Topamax 100 mg, and Voltaren gel as needed. The objective findings revealed no significant change. The treatment plan included Cymbalta 30 mg and refills of the other medications, brand name only.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 21, 22. Decision based on Non-MTUS Citation ODG, Web Edition

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for the treatment of neuropathic pain. They are recommended especially if pain is accompanied by insomnia, anxiety or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 30 mg #60 is not medically necessary.