

<b>Case Number:</b>	CM15-0002514		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of March 22, 2014. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for Cymbalta. The claims administrator noted that the applicant had undergone earlier lumbar epidural steroid injection therapy in October 2014 and, furthermore, suggested that the applicant had severe neuroforaminal stenosis at the L5-S1 level, per lumbar MRI imaging of September 11, 2014. Electrodiagnostic testing of December 10, 2014 was notable for bilateral carpal tunnel syndrome as well as bilateral ulnar neuropathy, it was stated. The claims administrator did, it is incidentally noted, approve an MRI of the left wrist while denying Cymbalta. The claims administrator stated that it was denying the request on the grounds that the attending provider did not state the quantity of Cymbalta at issue. The claims administrator referenced (but did not summarize) an RFA form of December 18, 2014 and a progress note of December 17, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 17, 2014 progress note, the applicant reported ongoing complaints of 5-8/10 low back pain radiating to the leg. The applicant's leg pain was at times severe, it was stated. The applicant reported difficulty gripping and grasping. A positive Finkelstein maneuver was noted about the left wrist. The attending provider suggested that the applicant continue tramadol, Naprosyn, Neurontin, Prilosec, and Flexeril. The attending provider suggested that the applicant begin Cymbalta for his numbness, tingling, and paresthesias. The applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

**Decision rationale:** As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta is FDA approved in the treatment of anxiety, depression, diabetic neuropathy, and fibromyalgia but can be employed off-label for neuropathic pain and radiculopathy, both of which appear to be present here. The applicant has ongoing issues with leg pain associated with lumbar radiculopathy. The applicant also has ongoing issues with upper extremity paresthesias associated with carpal tunnel syndrome and cubital tunnel syndrome. Introduction of Cymbalta was/is indicated on or around the date in question, December 17, 2014. Therefore, the first-time request for Cymbalta 30 mg was medically necessary.