

<b>Case Number:</b>	CM15-0102611		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/16/1999
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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

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:

This 50 year old man sustained an industrial injury on 2/16/1999.the mechanism of injury is not detailed. Diagnoses include lumbar disc disease with myelopathy and back pain. Treatment has included oral medications. Physician notes dated 3/4/2015 show complaints of back pain. Recommendations include a prescription for Vicoprofen, Cymbalta, and follow up in three months. A progress report dated March 4, 2015 states that the patient takes Cymbalta 60 mg 1 capsule everyday and that the current medication regimen improves activities of daily living and reduces pain from 8/10 to 2/10. No intolerable side effects are reported with the use of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Cymbalta 60mg with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the format of this guideline does not specify chapters or sections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines

Page(s): 13-16.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), 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 identification that the Cymbalta provides analgesic effect and objective functional improvement. Additionally, no side effects are reported. As such, the currently requested duloxetine (Cymbalta) is medically necessary.