

<b>Case Number:</b>	CM15-0141990		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, New York, 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 64-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression and alleged cognitive disturbance reportedly associated with an industrial injury of August 9, 2000. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for Cymbalta. A June 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note of May 11, 2015, the applicant was given refills of Duragesic, Percocet, Cymbalta, Desyrel, Amitiza, Wellbutrin, and Neurontin. The note was very difficult to follow and not entirely legible. The applicant exhibited worsening left leg pain and worsening lower extremity paresthesias. The applicant was described as disoriented. In one section of the note, however, it was stated that the applicant's depression was better controlled with Cymbalta. The applicant work status was not clearly detailed. In another section of the note, it was stated that the applicant still reported difficulty with cognitive impairment and difficulty finding words. In a progress note dated March 11, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier failed spine surgery. Chronic leg pain with left upper extremity paresthesias, depression, and constipation. Neurontin, Duragesic, Percocet, Cymbalta, Desyrel, Amitiza, and Wellbutrin were endorsed. On December 16, 2014, it was reported that the applicant continued to be disabled. The applicant contended that she would be miserable and/or bedridden without her medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for Cymbalta, an SNRI antidepressant, was not medically necessary, medically appropriate, or indicated here. The attending provider's handwritten progress note of May 11, 2015 suggested that the applicant was using Cymbalta for depression. While the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledged that it often takes "weeks" for antidepressants such as Cymbalta to exert their maximal effect, here, however, the applicant has been on Cymbalta for a minimum of several months through May 11, 2015. It did not appear that ongoing usage of Cymbalta had proven particularly beneficial. While the attending provider stated that the applicant's depression was better controlled with Cymbalta, this was neither elaborated nor expounded upon. The attending provider failed to outline specific functionalities and/or specific improvements in mood or function ameliorated because of ongoing Cymbalta usage in its May 11, 2015 progress note. The applicant was described as disoriented, having difficulty finding words, having issues with short-term memory loss, and alleging issues with cognitive impairment on May 11, 2015. The applicant was described as disabled on a historical progress note of December 16, 2014. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. Therefore, the request was not medically necessary.