

<b>Case Number:</b>	CM15-0143469		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/05/2007
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of January 5, 2007. In a Utilization Review report dated July 13, 2015, the claims administrator apparently partially approved a request for Cymbalta. A June 30, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On June 26, 2015 the applicant's pain management physician apparently refilled Norco, Prilosec, and Neurontin for ongoing complaints of lumbar radiculopathy. The applicant's work status was not outlined. The attending provider suggested that the applicant could be a candidate for lumbar spine surgery but did not elaborate further. The attending provider posited that the applicant reported candidacy for lumbar spine surgery to justify ongoing usage of opioid therapy. On May 29, 2015, the applicant was described using a cane to move about. It was stated that the applicant was not intent on pursuing any kind of spine surgery. The applicant's work status was not detailed. On May 18, 2015, the applicant's orthopedist noted that the applicant was visibly uncomfortable. A cane was sought. The applicant was given trigger point injections. The attending provider gave the applicant work restrictions. It did not appear, however, that the applicant was working with said limitations in place. The remainder of the file was surveyed. It did not appear that any notes from the applicant's psychiatrist were incorporated into the IMR packet. The information on IMR packet comprised solely of notes issued by the applicant's pain management physician and the applicant's orthopedist. The June 30, 2015 psychiatry note which the claims administrator based its decision upon, thus, was not seemingly incorporated into the IMR packet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 30 mg capsules, ninety count with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47; 402, Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Functional Restoration Approach to Chronic Pain Management Page(s): 15; 7.

**Decision rationale:** No, the request for Duloxetine (Cymbalta), an antidepressant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Duloxetine (Cymbalta) may be helpful in alleviate symptoms of depression, as were/are present here, and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does state that Cymbalta (Duloxetine) can be employed off label for radiculopathy, as was/is also present here, both recommendations are qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into its choice of recommendations. Here, however, the information on file did not establish evidence of functional improvement as defined in MTUS 9792.20e with ongoing Cymbalta usage. The applicant was described as having issues with failed back syndrome on May 18, 2015. It did not appear that the applicant was working with restrictions imposed on that date. The applicant was apparently using a cane to move about, it was reported by the applicant's pain management physician on May 29, 2015 and June 26, 2015. Ongoing usage of Cymbalta failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Cymbalta. While it is acknowledged that the June 30, 2015 psychiatry note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.