

<b>Case Number:</b>	CM15-0162193		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/10/2002
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 chronic low back pain (LBP) reportedly associated with an industrial injury of June 10, 2002. In a Utilization Review report dated August 10, 2015, the claims administrator partially approved a request for Cymbalta. The claims administrator stated that he was partially approving the request as a one-month trial of the same. A July 29, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 11, 2015, the applicant reported ongoing complaints of low back pain. The applicant had apparently received an epidural steroid injection on July 27, 2015, it was reported. The applicant had gone to the Emergency Department for a flare in pain, where he was given an injectable Toradol and oral oxycodone, it was acknowledged. The note was very difficult to follow as it mingled historical issues with current issues. The attending provider contended that the applicant had been bedridden secondary to pain complaints for the past two weeks and had gained 10 pounds with the same. Cymbalta, Motrin, and Prilosec were endorsed at the bottom of the note. The claimant was described as acutely distressed in one section of the note. 7/10 pain complaints were reported. The claimant's past medical history was notable for depression. A psychiatry referral was endorsed. The applicant had heightened psychological issues, it was acknowledged. It was not clearly stated whether the request for Cymbalta represented a first-time request or a renewal request. It was not clearly stated whether Cymbalta was being prescribed for depression purposes or chronic pain purposes. On June 24, 2015, the applicant was given prescriptions for OxyContin, oxycodone, Lunesta, Cymbalta, Prilosec, and Motrin. The

applicant was described as having issues with insomnia, difficulty remaining asleep, chronic pain, obesity with a BMI of 31, and difficulty walking. The applicant was described as retired from his former place of employment. The note was very difficult to follow and mingled historical issues with current issues. Once again, it was not clearly stated whether Cymbalta was being employed for chronic pain purposes or for depressive purposes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cymbalta 30mg, #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antidepressants for chronic pain.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Cymbalta may be helpful in alleviating symptoms of depression and while page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta, an atypical antidepressant, can be employed off-label for radicular pain, as was seemingly 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 his choice of recommendations. Here, however, it was not clearly stated whether Cymbalta was in fact being employed for chronic pain purposes, for antidepressant effect, or for some combination of the two. It did not appear, however, that Cymbalta was proving particularly effective. On an August 11, 2015 office visit, the applicant was described as having been bedridden for two weeks owing to uncontrolled pain complaints. The applicant remained dependent on opioid agents to include OxyContin and oxycodone. The applicant had gone to the Emergency Department on July 24, 2015 to receive oral oxycodone and injectable Toradol. The applicant continued to have issues with depression, psychological stress, and insomnia, it was acknowledged on multiple dates. The applicant had failed to return to work; it was further noted, at age 48. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. It did not appear that ongoing usage of Cymbalta had augmented the applicant's pain, function, or mood. Therefore, the request was not medically necessary.