

<b>Case Number:</b>	CM15-0164552		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	01/01/1995
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 injured worker is a 50 year old female, who sustained an industrial injury on 1-1-1995. She reported injury to the right knee and pain in the low back from a slip and fall. Diagnoses include chronic low back pain, spondylolysis, degenerative disc disease, bilateral knee pain, status post right knee arthroscopy, right knee meniscus tear, and depression. Treatments to date include activity modification and medication therapy. Currently, she complained of ongoing low back pain. The right knee was noted to have a new medial meniscus tear and pending surgical repair. Current medications listed included Cymbalta and Aleve. On 7-22-15, the physical examination documented an antalgic gait and difficulty arising from a seated position. The plan of care included a prescription for Cymbalta 60mg tablets #30 with five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 5 refills:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines state that Duloxetine (Cymbalta) is an SNRI that is recommended for the management of neuropathic pain, depression and fibromyalgia. Cymbalta is also an off-label option for chronic pain. In this case, the patient complains of low back pain and right knee pain and the provider prescribed Cymbalta for nerve and muscle pain. However there is no evidence supporting the diagnosis of lumbar radiculopathy. The patient is also taking Amitriptyline for neuropathic pain and depression, so no rationale is given for the addition of Cymbalta. The patient's low back pain is stable and her main problem is right knee pain due to a torn meniscus, for which surgery has been scheduled. Therefore Cymbalta is not indicated for the chronic knee pain. Based on the above findings, the request is not medically necessary or appropriate.