

<b>Case Number:</b>	CM15-0184004		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/09/2009
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 56 year old male with a date of injury on 06-09-2009. The injured worker is undergoing treatment for major depressive disorder, pain disorder associated with both psychological and general medical condition, thoracic spondylosis, other and unspecified angina pectoris, coronary atherosclerosis of native coronary artery, impotence of organic origin, lumbar spondylosis, lumbar post-laminectomy, lumbar or thoracic radiculopathy, and urinary incontinence unspecified. A physician progress note dated 08-18-2015 documents the injured worker is status post knee surgery in May of 2015. His knee is better. He has gained 60 pounds in the last year. He struggles with insomnia with delayed sleep onset. He stays awake worrying about his finances. He has limited benefit from bupropion 100mg three times a day. He is highly motivated to be on a higher dose of duloxetine, given a partial response to pain and depression. Psychotherapy focused on his own ability to support his wife with her recent medical complications. He is following his own home exercise program. He switched from Opana to Percocet four times a day. He has urinary and fecal incontinence and sexual dysfunction. Helping him come to terms with his physical limitation remains part of the psychotherapy treatment he is receiving. He remains demoralized and has periods of tearfulness. The treatment plan is to titrate duloxetine to 180mg a day given the partial response to 120mg per day and well tolerated at 120mg per day. Monitor longer on bupropion at 100mg three times a day, and monitor longer on rozerem. Return visit in 6-8 weeks. Treatment to date has included diagnostic studies, medications, psychotherapy, physical therapy, home exercises, status post knee surgery, status post spinal surgery. The Request for Authorization includes duloxetine 60mg #90 beyond 8

refills. On 09-08-2015 the Utilization Review modified the request for duloxetine 60mg #90 beyond 8 refills to duloxetine 60mg #90, with 2 refills.

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

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

**Duloxetine 60mg #90 beyond 8 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** According to the CA MTUS, duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, fibromyalgia, and has been used off-label for neuropathic pain and radiculopathy. However, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. Per the medical records available, the injured worker's records reflect symptoms of depression, anxiety, and neuropathic pain. Based on the available information, it is reasonable to continue duloxetine; however, the request for #90 and more than 8 refills does not clinically make sense, since he needs to be followed up for treatment efficacy. Utilization Review on 09-08-2015 modified the original request to duloxetine 60mg #90 with 2 refills, which would allow for appropriate reassessment. Therefore, the request for duloxetine 60mg #90 beyond 8 refills is not medically necessary and appropriate.