

<b>Case Number:</b>	CM15-0184354		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female, who sustained an industrial injury on 12-1-06. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome, De Quervain's tenosynovitis, arthroscopic shoulder surgery, cervical disc herniation, lumbosacral intervertebral disc degeneration and fibromyalgia. Medical records dated 8-14-15 indicate the injured worker complains of increased left shoulder pain, back pain, neck pain and wrist hand pain. The treating physician indicates "she underwent right De Quervain's release and middle finger trigger release about 3 weeks ago." Pain is described as "moderate" to "severe." Physical exam dated 8-14-15 notes cervical, left shoulder, lumbar and right hand tenderness to palpation and decreased range of motion (ROM). There is left hand tenderness to palpation with normal range of motion (ROM). Treatment to date has included surgery, lumbar traction and medication. The original utilization review dated 8-20-15 indicates the request for Cymbalta 20mg #200 is non-certified noting lack of documentation of depression and or neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine (Cymbalta) 20 mg #200:** 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:** The 57 year old patient complains of neck pain, low back pain, bilateral shoulder pain, and bilateral hand/wrist pain, as per progress report dated 08/12/15. The request is for Duloxetine (Cymbalta) 20 mg #200. There is no RFA for this case, and the patient's date of injury is 12/01/06. Diagnoses, as per progress report dated 08/12/15, included carpal tunnel syndrome, De Quervain's tenosynovitis, cervical disc herniation, degeneration of lumbosacral intervertebral disc, and fibromyalgia. The patient is status post shoulder arthroscopic surgery, and status post De Quervain's release and middle finger trigger release, as per progress report dated 08/12/15. The patient is using Tylenol for pain relief, as per progress report dated 03/10/15. The patient is not working, as per progress report dated 08/12/15. Regarding Cymbalta, the MTUS chronic pain guidelines 2009 page 16-17 Anti-depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy..."

Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, the treater is requesting for a trial of Cymbalta to "manage her chronic pain and paraesthesia symptoms." This appears to be the first prescription for the medication. Given the patient's neuropathic pain, a trial appears reasonable. However, the treater's request for # 200 appears excessive, as MTUS, page 60, requires documentation of efficacy in terms of reduction in pain and improvement in function for continued use. Hence, the request for # 200 IS NOT medically necessary.