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| <b>Case Number:</b>   | CM15-0185848 |                              |            |
| <b>Date Assigned:</b> | 09/28/2015   | <b>Date of Injury:</b>       | 09/20/1995 |
| <b>Decision Date:</b> | 11/06/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/21/2015 |

### 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: Washington, 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 injured worker is a 52 year old female, who sustained an industrial injury on 09-20-1995. She has reported subsequent low back and lower extremity pain and was diagnosed with post lumbar surgery syndrome, low back pain, neuropathic pain, lower extremity radiculopathy and left lower extremity DVT with persistent clot. Treatment to date for pain has included pain medication, spinal cord stimulation implantation, epidural steroid injection and surgery. Documentation shows that Cymbalta was prescribed at least since 05-23-2014 for neuropathic pain. The medication was noted to provide improved function in conjunction with other pain medication as demonstrated by weight loss. In a progress note dated 08-14-2015, the injured worker reported 80% relief of back and lower extremity pain and average pain of 3 out of 10 the prior week. Medications were reported to provide 75% improvement of pain. Objective examination findings showed antalgic gait, reduction in the generalized swelling appearance of the left lower extremity and trace to 1+ left lower extremity edema which was reduced when compared to prior examinations, minimal tenderness to palpation at T11-T12, minimal tenderness to palpation of the lumbar spine, reduced range of motion of the lumbar spine, motor strength is antigravity (x4) and minimal pain with hip loading, SI joint loading and piriformis loading. The injured worker was scheduled to undergo a vascular reconstruction surgery on 09-14-2015. The physician noted that Cymbalta was used as a component of therapy for some time and that it would be inappropriate to change the dosing or its use with planned surgery. The physician noted that after the injured worker has sustained benefit from the spinal cord stimulator with low pain scores for a period of time with no planned surgery, a downward titration of the medication would be considered. Work status was documented as full-time. A request for authorization of Cymbalta 60 mg #240 was submitted. As per the 09-02-2015 utilization review, the request for Cymbalta 60 mg #240 was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg #240:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Stress-Related Conditions 2004, Section(s): General Approach, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

**Decision rationale:** Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. This patient has been diagnosed with neuropathic pain and has been effectively treated for this with spinal cord stimulator, back surgery and medications. She reports significant improvement in her pain from her medications, which includes Cymbalta. The only contraindication for continued use of this medication is the caution of its use in someone also taking tramadol as there is a health risk associated with stimulating serotonin syndrome. She is not taking tramadol. Although she has not been diagnosed with comorbid depression, continued use of Cymbalta remains an option in the treatment of this patient as it is helping control her neuropathic pain. Medical necessity has been established. Therefore, the request is medically necessary.