

<b>Case Number:</b>	CM15-0186372		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/29/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 71 year old male who sustained an industrial injury on 12-29-00. The medical records indicate that the injured worker was being treated for closed head injury with concussion; post-concussion syndrome with cognitive and mood impairment; sleep disturbances; headache; dizziness; anxiety; depression; sprain-strain of the lumbar spine; chronic pain syndrome. His condition is currently (8-11-15) stable. On physical exam there was normal strength, sensation and reflexes in the upper and lower extremities. In the notes from 4-7-15 to 7-14-15 the provider indicated that the injured worker was still having some difficulty organizing his thoughts. From 8-20-14 to 9-16-14 the provider indicated that the injured worker had headaches and cognitive impairment. Treatments to date include medications: Soma, triazolam, Cymbalta, meclizine, Provigil, OxyContin, Mylan, Doc Plus also Percocet in the past; status post lumbar spinal surgery; epidural injections; trigger point injections. The request for authorization dated 8-11-15 was for Cymbalta 60mg #30 with 2 refills. On 8-28-15 Utilization Review non-certified the request for Cymbalta 60 mg #30 with 2 refills and modified to Cymbalta 60 mg #30 with no 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 2 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): Duloxetine (Cymbalta).

**Decision rationale:** The current request is for Cymbalta 60mg #30 with 2 refills. The RFA is dated 08/11/15. Treatment history includes lumbar spine surgery, epidural steroid injections, trigger point injections, physical therapy and medications. The patient is not working. MTUS, Duloxetine: Specific antidepressants Section, pages 15-16 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 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per report 08/11/15, the patient presents for a follow up for his post-concussion syndrome with cognitive and mood impairment, lumbar strain and chronic pain syndrome. Physical examination revealed "there was normal strength, sensation and reflexes in the upper and lower extremities". This is the extent of the examination findings throughout the medical reports. The current medications include Soma, triazolam, Cymbalta, meclizine, Provigil, OxyContin, Mylan, and Doc Plus. The patient was instructed to continue medications and follow up in 4 weeks. The patient has been prescribed cymbalta since at least 06/02/15. There is no indication of neuropathic pain or radiculopathy; however, the patient does present with some psychological complaints and the use of this medication may be indicated. In this case, recommendation for further use cannot be supported as the treater has provided no discussion regarding medication efficacy. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.