

<b>Case Number:</b>	CM15-0190873		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/07/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 53 year old female, who sustained an industrial injury on 5-7-2014. Medical records indicate the worker is undergoing treatment for right knee joint pain and chondromalacia. A recent progress report dated 9-14-2015, reported the injured worker complained of decreased sleep to 5 hours a night with 2 interruptions due to pain and knee pain. Physical examination revealed right knee effusion, right knee warmth to touch and right knee flexion of 105 degrees. Treatment to date has included knee brace, physical therapy and Norco. On 9-14-2015, the Request for Authorization requested Duloxetine 20mg at night #30 (9-14-2015). On 9-25-2015, the Utilization Review noncertified the request for Duloxetine 20mg at night #30 (9-14-2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 20mg at night (RX 9/14/15) #30: Overturned**

**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, Duloxetine (Cymbalta).

**Decision rationale:** The current request is for duloxetine 20mg at night (RX 9/14/15) #30. The RFA is dated 09/14/15. Treatment to date has included knee surgery (02/24/15), knee brace, physical therapy and medications. The patient may return to modified work. 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. Per report 09/14/15, the patient presents with chronic knee pain. Physical examination revealed right knee guarding, and 105 degree flexion with moderate effusion. Current medications include Hydrocodone/APAP. The treater states that Celebrex continues to be denied, and so the patient is unable to start this medication. Treatment plan included Duloxetine 20mg nightly "to reduce the neuralgia in her right knee." This medication is supported for off label use for neuropathic pain. Given the patient neuralgia, a trial of this medication is reasonable and supported by MTUS. Therefore, this request is medically necessary.