

<b>Case Number:</b>	CM15-0200018		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 54 year old female who sustained an industrial injury 08-29-00. A review of the medical records reveals the injured worker is undergoing treatment for chronic lumbar spine pain status post spine surgery. Medical records (09-21-15) reveal the injured worker complains of frustration with her physical limitations. Her pain is rated at 2-4/10 with medications. The physical exam (09-21-15) reveals she appears onto to be sedated or otherwise frankly impaired. Ambulation is a steady measured gait, a bit stiff at first with her torso in slight forward flexion. There is no evidence of foot drop. Prior treatment includes multiple spine surgeries, pain pump implantation and revision, physical therapy, as well as medications including Soma, duloxetine, Lyrica, methadone, Norco, Cymbalta, and trazadone. The original utilization review (10-09-15) non certified the requests for Cymbalta 60mg #60 with 2 refills and Trazadone 100mg #30 with 2 refills. The documentation supports that the injured worker has been on Cymbalta and trazadone since at least 04-16-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

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

**Decision rationale:** Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for lumbar disorder and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. There is no mention of previous failed trial of TCA or other first-line medications and without specific improvement in clinical findings, medical necessity has not been established. The Cymbalta 60mg #60 with 2 refills is not medically necessary and appropriate.

**Trazadone 100mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Trazadone (Desyrel).

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

**Decision rationale:** Trazodone hydrochloride (Desyrel) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents and is indicated for the treatment of major depression. MTUS Medical Treatment Guidelines specifically do not recommend for Trazodone. Tolerance may develop and rebound insomnia has been found even after discontinuation, but may be an option in patients with coexisting depression that is not the case here. There are no evidence-based studies showing indication or efficacy for treatment of trazodone in insomnia. Submitted reports have not demonstrated functional benefit derived from the previous treatment rendered for this chronic 2000 injury. The Trazadone 100mg #30 with 2 refills is not medically necessary and appropriate.