

<b>Case Number:</b>	CM15-0200025		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on 7-22-11. Medical records indicate that the injured worker is undergoing treatment for reflex sympathetic dystrophy syndrome of the upper extremities, pain in the joint of the shoulder region, cervical spine herniated nucleus pulposus, status-post right shoulder rotator cuff repair, post cervical laminectomy and major depressive disorder. The injured workers current work status was not identified. On (8-28-15) the injured worker complained of constant neck and head pain and constant right shoulder, forearm and hand pain. The injured worker also noted color and temperature changes and swelling of the right hand and forearm. A psychological examination revealed anxiety, depression and the inability to concentrate. Treatment and evaluation to date has included medications, MRI of the left knee, urine drug screen, cervical synthetic block, physical therapy and individual cognitive behavior psychotherapy. Current medications include Duloxetine (since at least May of 2015), Oxymorphone, Morphine Sulfate ER, Tramadol-Acetaminophen, Vicoprofen, Omeprazole and Gabapentin. The current treatment request is for Duloxetine 60 mg # 180 with 2 refills. The Utilization Review documentation dated 9-23-15 modified the request to Duloxetine 60 mg # 13 (original request # 180 with 2 refills).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 60mg, #180 with 2 refills: Upheld**

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

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

**Decision rationale:** Duloxetine (Cymbalta) is an SNRI antidepressant used for depression and as a first-line option for neuropathic pain. This patient has chronic pain and has been diagnosed with Major Depressive Disorder. The documentation only reports that "depression not as bad," as a result of the Duloxetine. There are no other measures, depression inventories or scales to assess the efficacy of the medication. There is also no documentation of functional benefit secondary to the Duloxetine. In addition, the request is for a nine month supply (180 caps bid with 2 refills) which is excessive. Interval assessment of medication is advisable on a more frequent basis than every nine months. Therefore the request is not medically necessary or appropriate.