

<b>Case Number:</b>	CM15-0209403		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old female, who sustained an industrial injury on 09-25-2006. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, right shoulder impingement, cervical and lumbar radiculopathy, bilateral carpal tunnel syndrome and depression. Treatment has included Limbrel, Cymbalta (since at least 05-01-2015), Melatonin and Lunesta. Cymbalta was noted as being prescribed for depression and pain. Subjective complaints (05-29-2015, 07-24-2015 and 09-25-2015) included diffuse and widespread pain including the shoulder, neck, hands, fingers, low back and bilateral lower extremities that was rated as 4-5 with medication and 8-9 out of 10 without medication. The worker was noted to be able to complete activities of daily living easier with medications but reported that she felt she needed someone to assist with cooking and cleaning to maintain herself. Objective findings (05-29-2015, 07-24-2015 and 09-25-2015) included diffuse tenderness to palpation over the anterior chest wall, cervical, thoracic and lumbar spine, slow and antalgic gait and decreased sensation in the bilateral lower extremities. There was no discussion of the effectiveness of Cymbalta at alleviating symptoms of depression and no mental status examination findings were documented in the most recent progress notes. A utilization review dated 10-06-2015 modified a request for Cymbalta 60 mg #30 to certification of one refill for the purpose of allowing time to demonstrate documentation of efficacy with use of Cymbalta or for weaning to discontinue.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30:** 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): SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is an antidepressant/selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. The patient has been on Cymbalta without demonstrated functional improvement, percentage of relief, or increase in activity. Therefore, the request is not medically necessary.