

<b>Case Number:</b>	CM15-0210733		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/26/2002
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 62 year old female who sustained an industrial injury on 09-26-2002. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar post laminectomy syndrome, lumbago, bilateral osteoarthritis of the knees and bilateral shoulder osteoarthritis. The injured worker has a medical history of diabetes mellitus and gastrointestinal (GI) issues. The injured worker is status post lumbar fusion surgery times 2 in 2011, bilateral knee arthroscopies in May and December 2012 and bilateral shoulder arthroscopies in February 2012 and June 2013. According to the treating physician's progress report on 09-24-2015, the injured worker continues to experience low back pain radiating to both legs to the toes rated at 8-9 out of 10 on the pain scale. Physical examination revealed the injured worker was able to toe walk, heel walk and squat with difficulty. There was decreased sensation at the left S1, L5, L4 and L3 distribution. A Computed Tomography (CT) (no date documented) interpreted within the progress report dated 09-24-2015 noted "a large halo around the screws, particularly at the L5 and S1 level. Compared to prior notes it says there is some migration". Prior treatments have included diagnostic testing, surgery, spinal cord stimulator (SCS) and removal, Kenalog injections to the bilateral shoulders in 08-2014, Synvisc One viscosupplementation injections to the bilateral knees in 05-2014 and on 08-24-2015 and medications. Current medications were listed as Morphine Sulfate, Percocet, Lyrica, Cymbalta and Omeprazole. Treatment plan consists of a 3D Computed Tomography (CT) scan with myelogram, Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of the bilateral lower extremities, laboratory blood work and the current request for Duloxetine 60mg #60 with 6 refills. On 10-14-2015, the Utilization Review determined the request for Duloxetine 60mg #60 with 6 refills was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine cap 60mg #60with 6 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) Treatment in Workers Compensation (TWC), 2015 web-based edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** In this case, the injury is from 13 years ago. The patient by report has a post laminectomy syndrome, lumbago, bilateral osteoarthritis of the knees, and shoulder osteoarthritis. There is no mention of depression or fibromyalgia. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary and appropriately non-certified.