

<b>Case Number:</b>	CM15-0216552		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 36 year old male, who sustained an industrial injury on January 12, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervicalgia and bursitis of left shoulder. Treatment to date has included shoulder manipulation, physical therapy, home exercises, Cymbalta and Ultram. On October 21, 2015, the injured worker complained of chronic left shoulder pain and neck pain. He complained of deep aching and spasms and also more headaches. Notes stated, "they feel Cymbalta helped the most." He rated his pain as a 5 on a 0-10 pain scale. Physical examination of the left shoulder revealed tenderness to palpation in the acromioclavicular joint. Movements were noted to be restricted. Neer test and shoulder crossover test were positive. He was currently noted to not be taking any medication. A recommendation was made to "go back to" Cymbalta. He was noted to have used it in the past with efficacy but it had been over a year since he used it last. Notes stated that he needs to be off opioids due to other medication and mental conditions and Cymbalta is an appropriate choice. A request was made for Cymbalta 30mg #40 and next month 60mg #30 with two refills. On October 28, 2015, utilization review denied a request for Cymbalta 30mg #40 and next month 60mg #30 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg #40 and next month 60 mg #30 - 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Shoulder (Acute and Chronic), [www.RxList.com](http://www.RxList.com).

**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 listed diagnosis 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 30 mg #40 and next month 60 mg #30 - 2 refills is not medically necessary and appropriate.