

<b>Case Number:</b>	CM15-0041948		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old female, who sustained an industrial injury on 08/04/2011. She has reported low back pain. The diagnoses have included degeneration lumbosacral disc; sprain/strain lumbar region; disorder of the sacrum; and sciatica. Treatment to date has included medications, acupuncture, and physical therapy. Medications have included Norco, Nabumetone, Cymbalta, and Protonix. A progress note from the treating physician, dated 02/05/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of low back pain which radiates into the lower extremities; pain increases with prolonged sitting; pain is rated 5-8/10 on the visual analog scale; depression; and medications help to reduce pain and improve function. Objective findings included tenderness in the lower lumbar paraspinal muscles at the approximate levels of L4 through S1; and straight leg raising test was positive bilaterally. The treatment plan has included prescription medications and functional restoration program. Request is being made for Cymbalta 30 mg capsule, take 3 tablets by mouth per day, #90, with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg capsule, take 3 tablets by mouth per day, #90, with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), p43-44 Page(s): 43-44.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. Medications include Norco, Nabumetone, Cymbalta, and Protonix. In terms of Cymbalta (duloxetine), it can be recommended as an option in first-line treatment of neuropathic pain. The maximum dose is 120 mg per day. The requested dose is consistent with that recommended and therefore medically necessary.