

<b>Case Number:</b>	CM15-0050591		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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:

This 32 year old man sustained an industrial injury on 12/17/2013. The mechanism of injury is not detailed. Diagnoses include myofascial pain syndrome, lumbar strain and lumbosacral radiculopathy. Treatment has included oral and topical medications and acupuncture. Physician notes dated 2/24/2015 show continued complaints of low back pain with bilateral lower extremity numbness and spasms. Recommendations include continue Mentho Derm, more acupuncture, Cymbalta, Naprosyn, Omeprazole, Flexeril, and Neurontin, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg 1 tablet by mouth at bedtime Qty 30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

**Decision rationale:** According to the MTUS guidelines with regards to antidepressants for chronic pain, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The MTUS guidelines state that no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the medical records do not establish evidence of depressive symptoms and as per the referenced guidelines, no high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. The request for is not medically necessary and appropriate.