

<b>Case Number:</b>	CM15-0080577		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Arizona, 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:

The injured worker is a 56 year old female with an industrial injury dated 01/23/1998. Diagnoses included chronic right shoulder pain, impingement syndrome, chronic neck pain, chronic left shoulder pain and chronic myofascial back pain. Prior treatment included surgery, medications and diagnostics. She presents on 03/12/2015 with bilateral shoulder pain and neck pain. She continued to do well on her pain medication regimen. The Zanaflex also helps to decrease myofascial pain and Cymbalta has been helping with her mood. Objective findings noted the injured worker was in no acute distress. Treatment plan included pain medication, antidepressant and muscle relaxant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13. Decision based on Non-MTUS Citation Anti-depressants and pg 26.

**Decision rationale:** Cymbalta is an SNRI antidepressant. It is recommended for major depressions and PTSD. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. There is no mention of Tricyclic failure. In addition, there is no mention of major depressions or PTSD. The mood disorder was not specified, and detail on behavioral improvement and daily activities was not specified. Continued use of Cymbalta is not substantiated and not medically necessary.