

<b>Case Number:</b>	CM15-0082521		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	01/28/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 40-year-old female, who sustained an industrial injury on January 28, 2010, incurring injuries to her jaw, neck, shoulder and low back after a slip and fall. She was diagnosed with a dislocated mandible, rotator cuff tear, cervical and lumbar sprains. Treatment included physical therapy, pain medications and patches, anti-inflammatory drugs, antidepressants, surgical interventions and a spinal cord stimulator. Currently, the injured worker complained of persistent pain in the cervical spine, right upper and lower extremities and lumbar spine. The treatment plan that was requested for authorization included a prescription for Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg trial #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**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 five years status post work-related injury and continues to be treated for radiating neck and low back pain. Treatments have included surgery and a spinal cord stimulator. When seen, she was having pain rated at 8/10. Medications had included gabapentin, which had not provided sufficient improvement after an appropriate dose titration. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. A trial of Cymbalta was started. 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 the claimant has already failed an appropriate trial of gabapentin. The request was therefore medically necessary.