

<b>Case Number:</b>	CM15-0086718		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/25/2007
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 35-year-old female, who sustained an industrial injury on 07/25/2007. According to a progress report dated 03/26/2015, the injured worker was seen for chronic pain in her lumbar spine and right thumb pain. She continued to work on tapering medications. She felt she had better coping. She had completed a Functional Restoration Program and was active in a home exercise program. She was working on return to work options. Current medications included Prevacid, Motrin, Cymbalta, Promethazine and Methadone. Diagnoses included postlaminectomy syndrome of lumbar region, neurogenic bladder, neurogenic bowel and radial styloid tenosynovitis. Prescriptions included Motrin and Methadone. Currently under review is the request for Cymbalta. Her current dosage of Cymbalta was 60mg one per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg (# not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26  
 Page(s): 15-16.

**Decision rationale:** At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy but there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. The records do not provide a discussion of efficacy or side effects and given her postlaminectomy syndrome of lumbar region diagnosis, the records do not support the ongoing use of Cymbalta. Therefore, this request is not medically necessary.