

<b>Case Number:</b>	CM15-0234783		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	01/21/1998
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: North Carolina  
 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 59-year-old male, with a reported date of injury of 01-21-1998. The diagnoses include chronic pain syndrome, postlaminectomy syndrome, not elsewhere classified, lumbar radiculopathy, and cervical disc disorder with radiculopathy. The medical report dated 10-20-2015 indicates that the injured worker complained of low back pain, bilateral leg pain, neck pain, and left shoulder pain, associated with numbness, weakness, and tingling. The injured worker's current pain level was rated 8 out of 10. The progression of pain was rated 9 out of 10. The objective findings include an antalgic gait; an abnormal hip flexed; tenderness to palpation with band like cords reproducing pain symptoms in the bilateral mid lumbar paraspinals, lower cervical paraspinals, levator scapulae, trapezius; abnormal range of motion of the cervical spine with pain; cervical flexion at 10 degrees; cervical extension at 10 degrees; abnormal range of motion of the lumbar spine with pain; lumbar flexion at 20 degrees; lumbar extension at 0 degrees; decreased sensation to light touch in the bilateral L3 and L4; positive bilateral lumbar facet loading; and positive Spurling's on the left. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Kadian, Cymbalta (since at least 01-2015), Zanaflex, and Norco. The request for authorization was dated 10-20-2015. The treating physician requested Cymbalta DR 20mg for neuropathic pain and depression. On 10-26-2015, Utilization Review (UR) non-certified the request for Cymbalta DR 20mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta DR 20 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

**Decision rationale:** The California MTUS section on Cymbalta states that is indicated in the treatment of neuropathic pain as a first line treatment agent. The patient has the lumbar radiculopathy with documented peripheral neuropathic pain. There is no documented contraindication to the medication. Therefore the request is medically necessary.