

<b>Case Number:</b>	CM14-0118599		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 06/17/2013. He was reportedly trying to catch a box of plates that was falling from a cart he was pushing and sustained a low back injury. On 05/12/2014, the injured worker presented with ongoing progression of his symptomatology. Upon examination, the injured worker was depressed and increasingly frustrated. His cognition and memory are grossly intact and he had anxious and depressed mood. The provider does not have a clear diagnosis of the injured worker. Prior prescribed medications have been refused by the injured worker. The provider recommended duloxetine 20 mg with a quantity of 90, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

**Decision rationale:** The California MTUS Guidelines recommend duloxetine as an option in first line treatment of neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes but also evaluation of function changes and use of other analgesic medication, sleep quality and duration and psychological assessment. There is lack of evidence of an objective assessment of the injured worker's pain level. There is lack of documentation of an objective assessment of the injured worker's function and evidence of efficacy of the injured worker's medications. The frequency of the medication was also not provided in the request as submitted. As such, the request for Duloxetine 20mg #90 is not medically necessary.