

<b>Case Number:</b>	CM14-0123560		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 43-year-old female who reported an injury on 06/25/2011 caused by an unspecified mechanism of injury. The injured worker complained of left shoulder pain, right knee pain, right ankle pain, and cervical pain. The injured worker had diagnoses of left shoulder acromioclavicular osteoarthropathy with impingement, status post remote left knee surgery, chronic left knee pain, right ankle pain, and rule out cervical radiculopathy. The past treatments included physical therapy, electromyogram/nerve conduction study, and medication. The objective findings dated 03/31/2014 revealed tenderness to the left shoulder diffusely with limited range of motion, and tenderness to the cervical spine with limited range of motion with flexion at 60 degrees and extension at 50 degrees, and right lateral tilt at 50 degrees. The left knee and right ankle examination essentially was unchanged. Medications included Cymbalta 60 mg. The treatment plan included Cymbalta. The Request for Authorization dated 08/08/2014 was submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds X1, Cymbalta dispensed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Meds X1, Cymbalta dispensed is not medically necessary. The California MTUS do not recommend as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. The guidelines do not recommend Cymbalta for the treatment of chronic pain. The request did not indicate frequency, dosage, or duration. As such, the request is not medically necessary.

**Meds X1, Hydrocodone 10/325 mg, count 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Vicodin for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes were not evident of activities of daily living and potential aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.