

<b>Case Number:</b>	CM14-0147961		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/29/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Management 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 55-year-old female who sustained an injury on July 29, 2008. On August 26, 2014, she presented with continued pain in her neck, low back, and both feet/ankles with numbness in her right greater than left legs with prolonged standing. Pain level was reported as 5. She indicated that medications reduced her pain by 60% and enabled her to remain functional and sleep. Stomach upset was controlled with use of Omeprazole. On exam, there was reduced lumbar and cervical range of motion, tenderness to cervical paraspinal muscle and lumbar paraspinal muscle, and reduced grip strength of left upper extremity. A magnetic resonance imaging scan of her cervical, thoracic and lumbar spines revealed degenerative disc disease and facet arthropathy with retrolisthesis at L3-4, L4-5, L5-S1 and C4-5, C6-7; canal stenosis in cervical moderate to severe at C6-7, mild canal stenosis in T12-L1, L1-2, L4-5, neuroforaminal narrowing in L3-4 right, moderate in L4-5 and C6-7. Her current medications include Cymbalta 60 mg, Ibuprofen, Cyclobenzaprine, Ambien, Omeprazole, Methoderm topical analgesic, and transcutaneous electrical nerve stimulation unit patches. Prior treatments included cortisone injections, medications, physical therapy, transcutaneous electrical nerve stimulation unit, and a home exercise program. Emotionally she was diagnosed with adjustment disorder, depressed and anxious mood and was experiencing some improvement with the increase in Cymbalta which she was able to tolerate. She had significant side effects of headaches with generic Cymbalta, which she does not experience with the brand Cymbalta. Diagnoses include thoracic degenerative disc disease, lumbar degenerative disc disease, and lumbosacral/thoracic neuritis/radiculitis, unspecified. The request for Cymbalta 60 mg #30 with 1 refill was denied on August 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 1 Refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 15-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

**Decision rationale:** Per guidelines, Duloxetine (Cymbalta) is Food and Drug Administration-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. In this case, the injured worker is noted to have depression and anxiety. She has had some improvement in depression with increase in Cymbalta. However, there has been no significant change in function (activities of daily living). The medical necessity of continuing Cymbalta is not established due to insufficient evidence. Therefore, the requested service is not considered medically necessary.