

<b>Case Number:</b>	CM14-0167807		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	06/04/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2014

### 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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 61 year old female who sustained a work injury on 6-4-02. Office visit on 9-16-14 notes the claimant has increased neck pain with radiation down her left arm with tingling. She rates her pain as 9/10. She did get a partial refill for Celebrex but she is not getting any relief. She reports night splint is helpful in reducing her radicular symptoms in her left arm. Diagnosis included HNP cervical spine, history of ulnar neuritis and history of carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine HCL 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13-16.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy and fibromyalgia. Used off label for neuropathic pain and radiculopathy. It is further noted that more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Based on current treatment

guidelines this medication is not first line of treatment and off label indications are not supported. Therefore, the medical necessity of this request is not established.