

<b>Case Number:</b>	CM14-0083185		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/09/1998
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 11/09/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 04/24/2014 indicated diagnoses of lumbosacral spine with degenerative disc disease, reflux, depression, cervical spine pain stable. The injured worker reported low back pain had decreased. The injured worker reported an increase for gastritis that he has been having. The injured worker reported Cymbalta helped stabilize his depression. On physical examination, it was mildly tender over the lumbosacral spine, with muscle tightness laterally on the right side of the musculature of the lumbosacral spine. The injured worker's treatment plan included Prevacid, Citotec, and Cymbalta refills. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Prevacid, Citotec, Cymbalta. The provider submitted a request for Cymbalta. A request for authorization dated 05/05/2014 was submitted for Cymbalta. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg # 30 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Duloxetine (Cymbalta) Page(s): 43-44.

**Decision rationale:** The request for Cymbalta 60 mg # 30 4 refills is not medically necessary. According to the California MTUS guidelines, Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). There was a lack of documentation of efficacy and functional improvement with the use of Cymbalta. In addition, the documentation submitted did not indicate a quantified pain assessment done by the injured worker. Furthermore, the request does not indicate a frequency. Therefore, the request for Cymbalta is not medically necessary.