

<b>Case Number:</b>	CM14-0089618		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/29/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; psychotropic medications; earlier lumbar fusion surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 30, 2014, the claims administrator partially certified a request for Cymbalta, apparently for weaning purposes. The claims administrator stated in its Utilization Review Report that it had reviewed a progress note as recent as May 15, 2014; however, the most recent progress note incorporated into the Independent Medical Review (IMR) file was dated January 6, 2014. In a January 6, 2014 handwritten progress note, the applicant presented to obtain medication refills. The attending provider reported that the applicant's pain levels were heightened, in the 7/10 range. The applicant had recently had facet injections. The applicant was having difficulty sleeping and also reported a poor mood. The applicant was given diagnoses of myofascial pain syndrome, facet arthropathy, and post laminectomy syndrome. Trigger point injections were sought. Medications were refilled including Cymbalta, at a rate of 60 mg a day. On December 9, 2013, the applicant was described as using Norco and Flexeril for pain relief. 4-5/10 pain was reported. Multiple medications were renewed. The applicant's work status was not clearly stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine section Page(s): 7, 15.

**Decision rationale:** While page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Cymbalta, the medication at issue here, is FDA approved in the treatment of depression and can be employed off label for radiculopathy, as is present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has been using Cymbalta for what appears to be a span of several months, at a minimum. There has been no clear demonstration of medication efficacy of the same. The applicant does not appear to be working. A January 6, 2014 progress note suggested that the applicant's pain complaints appear heightened, as opposed to be reduced, despite ongoing Cymbalta usage. The applicant remained highly dependent on various other forms of medical treatment, including a variety of interventional spine procedures as well as opioid medications such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Cymbalta, although it is acknowledged that many progress notes furnished to the claims administrator, including a May 15, 2014 progress note, were not incorporated into the Independent Medical Review file. The information that was on file, however, did not make a compelling case for continuation of Cymbalta. Therefore, the request is not medically necessary.