

<b>Case Number:</b>	CM14-0099884		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/01/2009
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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, has a subspecialty 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:

According to the records made available for review, this is a 58-year-old male with a 1/1/09 date of injury, status post left carpal tunnel release on 5/20/09, status post right carpal tunnel release In October 2009, and status post left shoulder arthroscopic subacromial decompression and open biceps tenodesis 9/9/09. At the time (1/30/14) of request for authorization for Duloxetine 60 mg #180, there is documentation of subjective (continues to have pain and weakness in bilateral arms and shoulders, pain in his hands and wrist from his carpal tunnel syndrome, and pain in neck that radiates to his shoulders) and objective (marked tremor right hand greater than left, positive Tinel's bilaterally, and shoulders still painful and stiff with positive impingement, left greater than right) findings, current diagnoses (morbid obesity, hypercholesterolemia, diabetes mellitus type II, bilateral carpal tunnel syndrome, left shoulder pain, and arm pain), and treatment to date (medications (including ongoing treatment with Cymbalta (which is invaluable in taking edge off pain and giving him energy), Tramadol, and Gabapentin), physical therapy, surgery, and corticosteroid injection). There is no documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 60 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of morbid obesity, hypercholesterolemia, diabetes mellitus type II, bilateral carpal tunnel syndrome, left shoulder pain, and arm pain. In addition, there is documentation of ongoing treatment with Cymbalta. However, there is no documentation of depression or generalized anxiety disorder. In addition, despite documentation of a diagnosis of diabetes mellitus type II, there is no documentation of pain related to diabetic neuropathy. Furthermore, despite documentation that Cymbalta is invaluable in taking edge off pain and giving him energy, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Duloxetine 60 mg #180 is not medically necessary.