

<b>Case Number:</b>	CM14-0213458		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 patient is a 39-year-old female who has submitted a claim for left elbow pain secondary to complex regional pain syndrome and ulnar nerve lesion associated with an industrial injury date of 8/27/2011. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic left upper extremity pain with relief from intake of Cymbalta. She had worsening of muscular pain at the left shoulder and neck region associated with tension headaches. Physical examination showed myofascial trigger point tenderness around the left trapezius muscle and left shoulder. Treatment to date has included cubital tunnel release, home exercise program, physical therapy, gabapentin, ibuprofen, lidocaine ointment and Cymbalta (since 2013). The utilization review from 11/24/2014 denied the request for Cymbalta 30mg #60; refills: 5. Reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #60; Refills: 5:** Upheld

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

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

**Decision rationale:** Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. The patient is a known case of complex regional pain syndrome hence the prescription for Cymbalta since 2013. She complains of chronic left upper extremity pain with relief from intake of Cymbalta. However, there is no documentation concerning objective functional improvement from medication use. The medical necessity has not been established due to insufficient information. Moreover, there is no discussion regarding the need for 5 refills at this time. Frequent monitoring of the patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore, the request for Cymbalta 30mg #60; refills: 5 is not medically necessary.