

<b>Case Number:</b>	CM14-0214151		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	03/14/2008
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male patient who sustained a work related injury on 3/14/2008. The exact mechanism of injury was not specified in the records provided. The current diagnoses include status post lumbar fusion from L4-S1, Lumbar radiculopathy, and Myofascial pain syndrome. Per the doctor's note dated 11/10/14, patient has complaints of lower back pain that radiates down to his left leg all the way down to his foot with numbness and tingling in both legs. Physical examination revealed 4/5 strength bilateral ankle dorsiflexion, 5/5 strength bilateral lower extremities, decreased sensation bilateral lower extremities in L5 distribution, positive SLR left at 30-45 degrees in L5 distribution, negative SLR on right, slowed ambulation and antalgic gait on left. The current medication lists include Amitriptyline 10 mg, celebrex 200 mg bid, cymbalta 60 mg two qd, lyrica 150 mg bid, and MS contin. Diagnostic imaging reports were not specified in the records provided. The patient's surgical history includes lumbar fusion from L4-S1. Any operative/ or procedure note was not specified in the records provided. He has had a urine drug toxicology report on 9/03/14 that was positive for opioid. Other therapy done for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Cymbalta 60mg #60.: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

**Decision rationale:** Cymbalta contains Duloxetine Hydrochloride As per cited guideline Duloxetine (Cymbalta ): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. According to the Thompson Micromedex FDA labeled indication for Cymbalta includes Diabetic peripheral neuropathy - Pain Fibromyalgia, Generalized anxiety disorder, Major depressive disorder, musculoskeletal pain, Chronic. The current diagnoses include status post lumbar fusion from L4-S1, Lumbar radiculopathy, and Myofascial pain syndrome. Per the doctor's note dated 11/10/14, patient has complaints of lower back pain that radiates down to his left leg all the way down to his foot with numbness and tingling in both legs. Physical examination revealed 4/5 strength bilateral ankle dorsiflexion, decreased sensation bilateral lower extremities in L5 distribution, positive SLR left at 30-45 degrees in L5 distribution, slowed ambulation and antalgic gait on left. The patient's surgical history includes lumbar fusion from L4-S1. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related / neuropathic component of the pain. Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta 60mg #60 is medically necessary for this patient at this time.