

<b>Case Number:</b>	CM14-0048061		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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: California

Certification(s)/Specialty: Internal Medicine

### 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 68 year old male, who sustained an industrial injury on 4/23/03. He reported low back pain. The injured worker was diagnosed as having major depressive disorder and pain disorder. Treatment to date has included multiple lumbar fusion surgeries, chronic opioid therapy, and psychotherapy. Currently, the injured worker complains of low back pain and lack of motivation. The treating physician requested authorization for Cymbalta 60mg quantity unknown. The injured worker stated he had a lack of motivation to perform home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg (quantity unknown):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications (antidepressants).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta  
[http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/022516lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. The psychiatry progress report dated 4/14/14 documented a diagnosis of major depressive disorder. The progress report dated 3/13/14 documented chronic low back pain, status post lumbar spine surgery, and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder and chronic musculoskeletal pain. Medical records document chronic musculoskeletal pain and major depressive disorder, which are FDA indications for the use of Cymbalta. MTUS and FDA guidelines support the request for Cymbalta. Therefore, the request for Cymbalta is medically necessary.