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| <b>Case Number:</b>   | CM15-0005275 |                              |            |
| <b>Date Assigned:</b> | 01/20/2015   | <b>Date of Injury:</b>       | 05/24/2002 |
| <b>Decision Date:</b> | 03/16/2015   | <b>UR Denial Date:</b>       | 12/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 52 year old male who sustained an industrial injury on May 24, 2002. He reports having a lower backache and was diagnosed with lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal lumbar degenerative disc disease. Treatment to date have included surgeries and pain medications. Currently the injured worker complains of lower backache. The treatment plan included medications. On December 13, 2014 Utilization review non certified Cymbalta 60 mg # 30 citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg, #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant medications Page(s): 13-16.

**Decision rationale:** According to the 12/13/14 Utilization Review letter, the Cymbalta requested on the 11/24/14 medical report was denied because MTUS states there is no high quality

evidence to support use for radiculopathy. The 11/24/14 medical report identifies the patient as a 52 year-old male with a 5/24/2002 date of injury. He presents with a backache. His diagnoses includes: lumbar radiculopathy; post lumbar laminectomy syndrome; and spinal/lumbar degenerative disc disease. Liver/kidney function from 4/22/14 labs were normal. CURES from 4/2/14 was consistent. Patient has been stable on medications that continue to keep pain in the 3/10 range. Without medications, pain is 9/10. He is independent with ADLs, he can sit 60 mins with medications, or less than 30 mins without. Standing improved from 5 mins to 30 mins. Walking tolerance improved from 10 mins without medications to 30 mins with medications. MTUS Chronic Pain Medical Treatment Guidelines, pg 13-16 for Antidepressants for chronic pain states: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. For Cymbalta specifically, MTUS states it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The physician appears to be using the Cymbalta in accordance with MTUS guidelines. The request for Cymbalta 60mg, #30 IS medically necessary.