

<b>Case Number:</b>	CM15-0112153		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/27/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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, Indiana, New York  
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 55 year old male injured worker suffered an industrial injury on 12/27/2008. The diagnoses included cervical and lumbosacral radiculopathy, shoulder tendonitis and wrist tendonitis. The injured worker had been treated with medications. On 3/13/2015 the treating provider reported spasms, tenderness and spasms with guarding of the muscles of the cervical and lumbar spine with loss of range of motion and decreased sensations. There also was a flare of plantar fasciitis. The treatment plan included Duloxetine HCL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine HCL DR 30mg capsule #30 dispensed 5/8/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Duloxetine HCL (Cymbalta) DR 30mg #30 date of service May 8, 2015 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are cervical radiculopathy; lumbosacral radiculopathy; shoulder tendinitis/bursitis; and risk tendinitis/bursitis. According to a progress note dated March 13, 2015, there were no medications listed. The progress note indicates "medications will be refilled as they are providing pain relief and improving functional status." There is no progress note dated May 8, 2015 in the body of the medical record, according to the utilization review. Health insurance claim form dated May 13, 2015 showed duloxetine HCL DR 30 mg capsule #30 was dispensed on May 8, 2015. The UR states, according to a progress note dated May 8, 2015, the injured worker was seen for exacerbation of plantar fasciitis with an increase in non-steroidal anti-inflammatory dose regimen. It was an exacerbation of lumbar spine pain with radiation to the lower extremities. Objectively, there was tenderness and guarding in the lumbar spine muscle. The injured worker ambulates with a one point cane. Duloxetine is recommended in first-line treatment of neuropathic pain, depression and generalized anxiety disorder and pain secondary to diabetic neuropathy. According to the UR, the injured worker does not carry any of these diagnoses. Consequently, absent clinical documentation of progress note dated May 8, 2015, Duloxetine HCL (Cymbalta) DR 30mg #30 date of service May 8, 2015 is not medically necessary.