

<b>Case Number:</b>	CM15-0116072		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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, 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 injured worker is a 51 year old male who sustained a work related injury September 6, 2007. After lifting some boxes, he began to experience low back pain and a burning sensation to the feet. Past history included multi-level discectomy 1998 and L5-S1 laminectomy May 2004 and completion of a functional restoration program. According to a treating pain management and rehabilitation physician's notes, dated June 2, 2015, the injured worker presented for follow-up of low back pain. The pain radiates to the left lower extremity to the left calf and foot, as well as recent increased neuropathic symptoms into the right lower extremity for the past several months. He is pending a surgical consultation in June to discuss a spinal cord stimulator. He also complains of night sweats, dizziness, headaches, blurry vision, double vision, lumps and pain in the neck, difficulty breathing lying flat, constipation, heartburn, nausea, abdominal pain, urinary incontinence and hesitancy, itching of the skin and rash, balance problems and poor concentration. Objective findings are; spasm and guarding in the lumbar spine, antalgic gait, no swelling, edema, or tenderness in any extremity, and no rashes, lesions, or ulcers noted in bilateral upper and lower extremities. Diagnoses are documented as; lumbar disc displacement without myelopathy; lumbar post-laminectomy syndrome. At issue, is the request for authorization for Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg qty: 30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the currently requested duloxetine (Cymbalta) is not medically necessary.