

<b>Case Number:</b>	CM15-0117086		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	09/09/2006
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 39 year old male who sustained an industrial injury to his lower back on 09/09/2006 when carrying a cabinet with others and he fell backwards with the item on top of him. The injured worker was diagnosed with lumbar sprain/strain and lumbosacral radiculopathy. Treatment to date has included diagnostic testing, physical therapy, epidural steroid injection, psychological evaluation, ambulatory devices and medications. According to the treating physician's progress report on May 5, 2015, the injured worker continues to experience low back pain radiating to the bilateral lower extremities. The injured worker rates his pain level at 8/10. The physical examination noted an antalgic gait and the injured worker using a one-point cane for balance. The lumbar spine demonstrated spasm and tenderness in the paravertebral muscles with decreased range of motion on flexion and extension. Dysesthesia was noted in L4, L5 and S1 dermatome distribution bilaterally. Recent medications were listed as Tylenol #3, Norflex, Voltaren, Cymbalta and Prilosec. Treatment plan consists of the current request for Cymbalta renewal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #60 with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for Chronic Pain.

**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.