

<b>Case Number:</b>	CM15-0119533		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 65 year old male, who sustained an industrial injury on 10/02/2006. He has reported subsequent neck, bilateral shoulder and right upper extremity pain and was diagnosed with chronic right shoulder pain status post multiple surgeries, myofascial syndrome with myofascial cervicogenic headache and bilateral degenerative joint disease of the knees and hips. The injured worker was also diagnosed with insomnia and severe depression and anxiety related to pain disorder. Treatment to date has included medication, application of heat, transcutaneous electrical nerve stimulator (TENS), cognitive behavioral therapy and surgery. In an agreed medical evaluation report dated 01/21/2014 the physician recommended prescription of Cymbalta for depression and pain. Cymbalta was started soon after and was noted to be effective with pain and depression. In a progress note dated 05/18/2015, the injured worker complained of continued significant myofascial pain over the right shoulder and scapula with some left shoulder pain. Cymbalta was noted to reduce nerve and muscle pain by 25-30%. Objective findings were notable for mild fatigue and mood change and atrophy over the biceps and triceps. Work status was documented as permanent and stationary. The most recent progress notes do not quantify the severity of pain. A request for authorization of Cymbalta 60 mg #30 with 4 refills was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg #30 with 4 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 13-16.

**Decision rationale:** The CA MTUS includes extensive support for the use of antidepressants for neuropathic pain and Cymbalta is considered first line therapy. The claimant has been treated for several years with Cymbalta with documented 25-50% improvement in pain as a result. The original UR decision modified the request for Cymbalta 60 mg # 30 with 4 refills to 60 mg #30 with 1 refill citing a need for medication monitoring. There is no clear indication for monitoring q 60 days for a long standing on controlled medication with sustained efficacy as documented in the record. Cymbalta 60 mg #30 with 4 refills is medically necessary.