

<b>Case Number:</b>	CM15-0125316		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66 year old female with an industrial injury dated 05/05/2003. The injured worker's diagnoses include cervical post laminectomy, myofascial pain syndrome, and long-term use of other medications. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture treatment, transcutaneous electrical nerve stimulation (TENS), epidural injections and periodic follow up visits. In a progress note dated 06/10/2015, the injured worker reported back pain, foot pain, hand problems, neck pain and low back pain. Psychiatric review of system was positive for anxiety, depression, early awakening, inability to concentrate, and insomnia and panic attacks. Objective findings revealed depressed mood and cries with most conversation. Treatment plan consisted of medication management. The treating physician prescribed Cymbalta 30mg daily Quantity: 30 with 1 refill now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg daily Qty: 30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-DEPRESSANTS Page(s): 15-16.

**Decision rationale:** Cymbalta is FDA approved for diabetic neuropathy. It is also used off label for neuropathic pain and radiculopathy. There is no high quality evidence to support its use for lumbar radiculopathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. In addition, there is no indication that the patient tried and/or failed tricyclic medication. Therefore, the request of 30 Cymbalta 30mg with 1 refill is not medically necessary.