

<b>Case Number:</b>	CM15-0175745		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	11/14/2001
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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

### 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 40 year old female who sustained an industrial injury on 11-14-2001. A review of medical records indicated the injured worker is being treated for status post work related injury on 11-14-2001, status post failed spinal cord stimulation trial due to complication, long term use of opioid medication 10+ years, complex regional pain syndrome in the left leg, and status post left knee surgery. Medical records dated 7-20-2015 noted neck pain and right abdominal pain at its worst was rated a 10 out 10 without medication and a 7 out of 10 with medications. Pain was made worse with activities of daily living. Physical examination of the right knee was full. Left knee range of motion was decreased. There was decrease in flexion due to posterior thigh. Mental status was noted as alert and oriented. Her mood and affect were normal. Treatment has included medications (Cymbalta since at least 2-20-2015). Utilization review form dated 8-14-2015 noncertified Cymbalta 60 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient presents with pain in the low back and the left knee. The request is for CYMBALTA 60MG #30. Patient is status post left knee surgery, date unspecified. Examination to the left knee on 05/13/15 revealed a decrease in range of motion. Per 05/19/15 progress report, patient's diagnosis includes mild opioid withdrawal, and opiate dependence and chronic pain. Patient's medications, per 04/21/15 progress report include Prilosec, Naproxen, Celebrex, Cymbalta, Docusate, Doxepin, Fentora, Keppra, OxyContin, Percocet, Potassium Chloride ER, Ranitidine, Senna, Ambien, Clonazepam, Lyrica, Seroquel, and Furosemide. Patient is permanent and stationary. Regarding Duloxetine (Cymbalta), the MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 16-17, Anti-depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The treater has not addressed this request; no RFA was provided either. Review of the medical records provided indicates that Cymbalta was included in patient's prescribed medication from 11/14/14 through 07/20/15. However, the treater has not documented how this medication helps the patient in terms of pain reduction and functional improvements. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request is not medically necessary.