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| <b>Case Number:</b>   | CM15-0176321 |                              |            |
| <b>Date Assigned:</b> | 09/17/2015   | <b>Date of Injury:</b>       | 04/28/2007 |
| <b>Decision Date:</b> | 10/21/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <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 53 year old male, who sustained an industrial injury on 04-28-2007. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right rib cage pain due to thorax trauma, insomnia, and severe depression and anxiety. Medical records (01-14-2015 to 08-06-2015) indicate ongoing rib cage pain with a pain severity rating of 4 out 10 with medications and 9 out of 10 without medications. The mental health progress notes also show ongoing depression and anxiety. Records also indicate no changes in activities of daily living. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exams, dated 07-09-2015 and 08-06-2015, revealed continued limited range of motion in the back and tenderness over the right lateral thorax. The mental health PRs (07-22-2015 to 08-05-2015) showed that the IW continued to be depressed and anxious with no significant quantifiable improvement. Relevant treatments have included surgical removal of several ribs, at least 125 sessions of psychological or psychiatric therapy (current), failed bupivacaine pump trial, failed narcotic pain pump trial, failed spinal cord stimulator, work restrictions, and pain medications (Cymbalta since at least 2014). The request for authorization (08-10-2015) shows that the following medication was requested: Cymbalta 60mg #30. The original utilization review (08-19-2015) partially approved a request for Cymbalta 60mg #10 (original request for #30) to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg, thirty count:** 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:** Review indicates the request for Cymbalta was modified for weaning. Per MTUS Chronic Treatment Pain Guidelines, selective serotonin reuptake inhibitors (SSRIs) such as Cymbalta (Duloxetine, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline), are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain; however, more information is needed regarding the role of SSRIs and pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; Used off-label for neuropathic pain and radiculopathy; and is recommended as a first-line option for diabetic neuropathy; however, no high quality evidence is reported to support the use of duloxetine for musculoskeletal disorders and more studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Submitted reports have not adequately shown any previous failed trial of TCA or other first-line medications without specific functional improvement from treatment already rendered. The Cymbalta 60 mg, thirty count is not medically necessary and appropriate.