

<b>Case Number:</b>	CM15-0073215		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: 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 38-year-old female, who sustained an industrial injury on 1/17/13. The injured worker has complaints of low back pain with headaches and neck pain being the biggest complaints. The diagnoses have included cervicothoracic strain/mild arthrosis with possible neural encroachment; left shoulder impingement syndrome with acromioclavicular joint arthrosis, improved; doubt significant right shoulder bilateral elbow intrinsic pathology and bilateral carpal tunnel syndrome and lumbosacral strain/arthrosis. Treatment to date has included Imitrex; home exercise program and psychiatric treatment. The request was for Cymbalta 60 mg quantity 60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg quantity 60 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS guidelines, 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 back and neck pain or headache. There is no clear evidence that the patient have diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy, as the drug will be used off label. Therefore, the request of Cymbalta 60mg quantity 60 with two refills is not medically necessary.