

<b>Case Number:</b>	CM15-0073318		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	02/29/1996
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 68 year old female, who sustained an industrial injury on February 29, 1996. The injured worker was diagnosed as having cervicalgia, chronic depression, chronic pain, chronic obstructive pulmonary disease (COPD), migraines, neurogenic sleep apnea, sick sinus syndrome and thoracic outlet syndrome. Treatment and diagnostic studies to date have included pulmonary rehabilitation, medication progress note dated February 25, 2015 provides the injured worker complains of migraines, neck pain and occasional chest pain with activity. She rates her pain 5-6/10 on average. She reports she would like to cut back on her Cymbalta. She is currently using 60mg daily. Physical exam notes decreased suppleness of neck. The plan includes changing medication dosage; continue pulmonary rehabilitation, oxygen and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30 mg Qty 90 with 11 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS 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. There is no clear evidence that the patient has diabetic neuropathy. A prolonged use of Cymbalta in this patient cannot be warranted without continuous monitoring of its efficacy. Therefore, the request of 90 Cymbalta 30mg, with 11 refills is not medically necessary.