

<b>Case Number:</b>	CM15-0079167		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial/work injury on 8/28/02. He reported initial complaints of left knee and lower back pain. The injured worker was diagnosed as having left shoulder sprain/strain, lumbar sprain/strain, left knee sprain/strain, and left knee probable post-traumatic arthritis. Treatment to date has included medication, surgery (left knee in 2004), lumbosacral brace and knee brace, diagnostics, home physical therapy. MRI results were reported on 7/20/07 and 6/30/14. Currently, the injured worker complains of low back, left knee, and left shoulder pain. The pain radiated to the left leg. Pain was 4/10 with medication and 8/10 without medication. Per the primary physician's progress report (PR-2) on 12/16/14, examination revealed moderate tenderness to left knee, moderate palpable spasms bilateral lumbar paraspinal muscles with positive twitch response, positive crepitus with left knee range of motion, antalgic gait on the left with use of a cane. Current plan of care included weaning of Norco and increasing Cymbalta dosing. The requested treatments include Cymbalta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 2 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-16.

**Decision rationale:** The injured worker sustained a work related injury on 8/28/02. The medical records provided indicate the diagnosis of left shoulder sprain/strain, lumbar sprain/strain, left knee sprain/strain, and left knee probable post-traumatic arthritis. Treatment to date has included medication, surgery (left knee in 2004), lumbosacral brace and knee brace, diagnostics, home physical therapy. The medical records provided for review do not indicate a medical necessity for Cymbalta. The MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. The recommended dosing of Cymbalta is 60 mg once a day as an off-label option for chronic pain syndromes; but the medical records indicate the injured worker was given a prescription for two tablets of the 60mg strength in a day. Therefore, the request is not medically necessary.