

<b>Case Number:</b>	CM15-0079825		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 56-year-old male, with a reported date of injury of 10/02/2014. The diagnoses include rule out right shoulder rotator cuff tear/impingement, right shoulder impending adhesive capsulitis, cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and bilateral knee contusions. Treatments to date have included oral medications, a transcutaneous electrical nerve stimulation (TENS) unit, lumbar-sacral orthosis (LSO) brace, and an MRI of the right shoulder. The medical report dated 03/16/2015 indicates that the injured worker complained of right shoulder pain, rated 6 out of 10; neck pain, rated 5 out of 10; thoracic pain, rated 3 out of 10; and low back pain, rated 5 out of 10. It was noted that the Duloxetine was taken as first-line for pain, and it provided a 4-6 point decrease in pain on the scale. The medication also provided a significant increase in tolerance to a variety of activity, greater function, and improved range of motion. The objective findings include tenderness of the right shoulder; positive right impingement signs; atrophy of the right deltoid muscle; tenderness of the cervical, thoracic, and lumbar spine with limited range of motion; tenderness of the bilateral knees; and spasm of the lumboparaspinal muscles and right cervical trapezius muscle. The treating physician requested Duloxetine 30mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine cap 30 mg, sixty count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 43 - 44, 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants Page(s): 13.

**Decision rationale:** Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia. It is used off-label for neuropathic pain. There is no evidence that Duloxetine is effective for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The records submitted in this patient show no indication that the patient has signs and symptoms of neuropathic pain. There is also no documentation of anxiety, depression, diabetic neuropathy or fibromyalgia. Therefore the request is deemed not medically necessary.