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| <b>Case Number:</b>   | CM15-0091667 |                              |            |
| <b>Date Assigned:</b> | 05/18/2015   | <b>Date of Injury:</b>       | 10/20/2012 |
| <b>Decision Date:</b> | 06/24/2015   | <b>UR Denial Date:</b>       | 04/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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:

Certification(s)/Specialty:

### 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 50 year old female, who sustained an industrial injury on 10/20/2012. She has reported injury to the left foot, big toe. The diagnoses have included crush injury, left toe; entrapment neuropathy left limb; and foot pain. Treatment to date has included medications, diagnostics, CAM walker boot, injections, TENS (transcutaneous electrical nerve stimulation) unit, injections, physical therapy, and acupuncture. Medications have included Norco, Nabumetone, and Lyrica. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of acute bilateral hip pain, left greater than right, for a week; went to emergency room for severe pain one week ago; increased pain from entire body swelling; completed 3/8 active therapy sessions; pain has become more severe since therapy has begun; severe anxiety; and on a scale from 0 to 10, pain is rated 7 at its best, 10 at its worst, 5 with medications, and 10 without medications. Objective findings included acute distress; appears to be anxious, depressed, tearful, and in severe pain; gait is severely impaired and has difficulty raising from sit to stand position; and she is unable to tolerate any range of motion of her lumbar spine on the left side, stating she has severe pain radiating to her groin and buttock. The treatment plan has included the request for Cymbalta 20mg capsule SIG Take 1 tablet by mouth twice a day for a week, then 1 tab in am and 2 tabs in pm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20mg capsule SIG Take 1 tablet(s) by mouth twice a day for a week then 1 tab in am and 2 tabs in pm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 99, 20, 88, 14-15, 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

**Decision rationale:** According to the MTUS guideline's with regards to antidepressants for chronic pain, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. In this case, the medical necessity of Cymbalta has been met. However, the medical records do not establish the total number of capsules requested. The prior Utilization Review has modified to allow for #90 of Cymbalta 20 mg which would be appropriate. Modification cannot be rendered in this review and as there is no quantity noted, this request can't be supported without a specific quantity. The request for Cymbalta 20mg capsule SIG Take 1 tablet(s) by mouth twice a day for a week then 1 tab in am and 2 tabs in pm is therefore not medically necessary and appropriate.