

<b>Case Number:</b>	CM15-0092654		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/01/1999
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 66-year-old female, who sustained an industrial injury on September 1, 1999. She reported neck and bilateral upper extremity pain. The injured worker was diagnosed as having cervical spinal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, bilateral carpal tunnel release, right rotator cuff surgery times 2, left rotator cuff surgery, cervical fusion, conservative care, medications and work restrictions. Currently, the injured worker complains of neck and bilateral forearm pain with associated tingling, weakness and numbness of the hands. She also reported sleep disruptions, depression and anxiety. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Magnetic resonance imaging in November of 2014, revealed continued abnormalities of the right shoulder including degenerative changes and changes associated with previous surgical intervention. Evaluation on February 12, 2015, revealed continued pain as noted. It was noted she was scheduled for an ulnar transposition surgery and was cleared for a spinal cord stimulator trial. She reported continued sleep disruptions and depression. Cymbalta was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, anti-depressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The latest progress report available for review dated 2/12/2015 did contain findings consistent with neuropathic pain. As the requested medication is indicated, however the request for 6-month supply is excessive as the guidelines indicate that there should be documented evidence of efficacy with continued use of a medication. Therefore, the request for is not medically necessary.