

<b>Case Number:</b>	CM13-0050991		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/06/1999
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old male who reported a work-related injury on 04/06/1999. The patient's chief complaints consist of lumbar post fusion syndrome, chronic radicular pain, regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Recent clinical documentation stated the patient had an increase in low back pain and continued with numbness in the left lower extremity which was his baseline. It was noted the patient was trying to cut back on his methadone and continued to use Oxycodone, gabapentin, Skelaxin, Valium, Cymbalta, trazodone, Flector patch, and Ambien. A request has been made for Cymbalta 60 mg, #60, refills x5, for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60 with five refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's "The Pharmacological Basis of Therapeutics", 11th Edition, as well as the Physicians' Desk Reference.

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

**Decision rationale:** California Medical Treatment Guidelines for chronic pain state that Cymbalta is recommended as an option in first-line treatment of neuropathic pain and that the starting dose is 20 mg to 60 mg a day and no advantage had been found by increasing the dose to twice a day, except in fibromyalgia. In addition, guidelines state an assessment should be made of the patient of treatment efficacy to include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects of the medication should also be assessed. There was no evidence given the patient had significant functional improvements due to the use of Cymbalta. Per recent clinical documentation, the patient was noted to be taking Cymbalta 60 mg for depression and pain. Per clinical note dated 10/11/2013, the patient reported his pain had gotten progressively worse each day and had been using his medications, ice, heat, and a TENS unit to relieve his pain. His Cymbalta was increased to 2 tablets every morning after 1 week. In addition, Cymbalta at 60 mg twice a day is only recommended for the diagnosis of fibromyalgia per guideline criteria. Guidelines further state that there is no high quality evidence reported to support the use of Duloxetine for lumbar radiculopathy. Therefore, the request for Cymbalta 60 mg #60 for the lumbar spine is non-certified.