

<b>Case Number:</b>	CM14-0143411		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/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 injured worker is a 55-year-old female who reported an injury due to continuous and repetitive usage on 05/16/2003. On 04/23/2013, her diagnoses included cervical disc degeneration, brachial neuritis or radiculitis not otherwise specified, and encounter for long term use of other medications. On 08/19/2014, fasciitis not otherwise specified was added to her diagnoses. On 04/23/2013, her medications included Lidoderm 5% patch, Naprosyn 500 mg, Soma 350 mg, Ultram 50 mg, Duragesic 25 mcg/hour patch, Vicodin 5/500 mg, Elavil 25 mg, Cymbalta 30 mg, and Ambien 10 mg. On 08/19/2014, it was noted that Cymbalta 30 mg was still part of her medication regimen. The rationale for the requested medication was that she used Cymbalta for neuropathic pain control. A request for authorization dated 08/21/2014 was included in her chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg, #60:** Upheld

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

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

**Decision rationale:** Cymbalta is recommended as a first line option for diabetic neuropathy. No high quality evidence is reported to support the use of Cymbalta for radiculopathy. More studies are needed to determine the efficacy of Cymbalta for other types of neuropathic pain. There was no documentation that this injured worker had found tricyclic antidepressants ineffective or poorly tolerated. There was no quantifiable evidence of reduction in pain or increase in function or abilities due specifically to the use of Cymbalta. Additionally, the request did not include frequency of administration. Therefore, the request is not medically necessary.