

<b>Case Number:</b>	CM14-0145934		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 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 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 48 year old female (reported injured on 5/06/2013) who reported an injury to her low back. The clinical note dated 12/06/13 indicates the injured worker had been diagnosed with post-laminectomy syndrome. The note indicates the injured worker being recommended for a lumbar fusion secondary to left lower extremity radiculopathy. The injured worker reported low back pain with radiating pain to the left lower extremity that was rated as 7-8/10. The clinical note dated 02/06/14 indicates the injured worker complaining of persistent low back pain with radiating pain into the lower extremities, specifically at the anterior thighs. Numbness was identified at the feet. Persistent pain was also identified in the cervical region with radiating pain following the C6 distribution bilaterally. The note indicates the injured worker being prescribed a trial for Cymbalta. The clinical note dated 03/07/14 indicates the injured worker continuing with low back pain with radiating pain to the lower extremities. The injured worker also continued to report numbness in the lower extremities. Prolonged sitting and standing exacerbated the injured worker's pain level. The note indicates the injured worker continuing with the use of MSIR and MS Contin for pain relief. The note indicates the injured worker having not trialed Cymbalta to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Cymbalta 60mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

**Decision rationale:** Cymbalta is recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1. No information has been submitted confirming the presence of neuropathic pain. No other information was submitted regarding any additional clinical findings that would indicate the need for Cymbalta. Therefore, this request is not indicated.