

<b>Case Number:</b>	CM14-0172730		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	05/22/1998
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational and environmental medicine, has a subspecialty in Public Health and is licensed to practice in Washington and Ohio. 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:

This individual is a 49 years old female who sustained an industrially related injury on May 22nd 1998 involving her wrist and low back. She has ongoing complaints of; lower back pain, right elbow pain and neck pain (3/10). Her most recent physical examination from the available medical record notes; a normal gait, mildly decreased range of motion in the lumbar and cervical spine and mild tenderness in the lumbar and cervical paraspinal muscles. Also noted are decreased upper extremity strength secondary to pain and negative straight leg raise testing. An MRI study (dated 2005) demonstrated C3-4 and C5-6 disc desiccation but no space narrowing. Available records mention no ongoing psychiatric issues. She currently receives ibuprofen for inflammation/pain, carisoprodol for muscle spasm and duloxetine presumably for chronic pain as the record notes no ongoing treatment for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 30mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Pain interventions and Treatments Page(s): 15-16.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent was ineffective, poorly tolerated, or contraindicated. MTUS states, regarding Cymbalta: "Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy, Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Also Cymbalta requires continued monitoring for effectiveness per MTUS guidelines. Thus 2 refills would indicate 270 days without additional interim reevaluation. As such, the request for Cymbalta 30mg #90 with 2 refills is deemed not medically necessary.