

<b>Case Number:</b>	CM13-0045076		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	10/25/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 is a 43-year-old female controller who was injured on 04/04/08. The diagnosis was right 2008 triangular fibrocartilage repair and ulnar nerve release, status post 07/01/11 C5 through C7 anterior discectomy and fusion, L4 through S1 disc disruption and fibromyalgia, L4-5 facet osteoarthritis, right shoulder strain, and De Quervain. On 07/19/13, ██████████ noted the claimant had reported improvement with the use of Cymbalta. Cymbalta was refilled. On 09/03/13, ██████████, pain management, indicated Cymbalta was the treatment option for neuropathic pain. ██████████ has followed the claimant. On 09/25/13, she reported low back pain. Examination revealed cervical spine tenderness. A review of the medical records indicated the claimant has been prescribed Lyrica and Cymbalta since 12/2012 and no additional surgery was being planned.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION 120ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition, Dendracin lotion contains capsaicin, which is only recommended as an option in patients who have not responded or are intolerant to other treatments. The medical records do not indicate that the patient has trialed and failed first line antidepressants and anticonvulsants. Therefore the requested Dendracin lotion is not medically necessary.

**LYRICA 50MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records indicate that the patient has neuropathic pain. Therefore the requested Lyrica is medically necessary.

**CYMBALTA 60MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines Cymbalta is recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. The medical records indicate that the patient has chronic neuropathic pain. Therefore the requested Cymbalta is medically necessary.