

<b>Case Number:</b>	CM13-0066016		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/04/2008
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in pain Medicine and is licensed to practice in Minnesota. 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 43-year-old female with a reported injury date of 04/04/2008. The mechanism of injury was not provided. The progress report dated 01/23/2014 noted that the injured worker had complaints that include right shoulder pain and upper arm pain. It was also noted that the injured worker had underwent Thoracic Outlet Syndrome surgery on 01/07/2014 and that there was no numbness and tingling to the right upper arm. Upon examination of the cervical spine, it was noted that the injured worker had tenderness to the bilateral paraspinal muscles, right greater than left, upper trapezius, and right scalenes. It was also noted that axial cervical compression test was positive and Adson's test was mildly positive. Examination of the right shoulder noted tenderness to the subacromial space, tenderness to the acromioclavicular joint, and decreased active range of motion in all ranges, with the greatest decrease in abduction. It was also noted that there was a positive impingement sign. It was also noted within the progress report that current medication use reduced pain and spasms from 7/10, to 3/10 to 4/10. The treatment plan includes a refill of prescriptions to include Lyrica 50 mg and Cymbalta 60 mg. The injured worker's diagnoses included status post C5-7 anterior cervical discectomy and fusion, status post cervical discectomy and osteophytectomy at C3-4, and status post surgery repair of the right thoracic outlet syndrome. The Request for Authorization for Cymbalta 60 mg and Lyrica 50 mg was submitted on 01/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60MG #90:** 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): 43-44.

**Decision rationale:** The Chronic Pain Guidelines state that selective serotonin-norepinephrine reuptake inhibitors (SNRIs) may be recommended for use for neuropathic pain or radiculopathy. The guidelines also state that the recommended dosage for Cymbalta is 60mg once a day. It was noted within the documentation that the injured worker had a history of symptomatology that would benefit from the use of this medication to included Thoracic Outlet Syndrome. Additionally, it was documented that, with medication use, the injured worker's pain was reduced from a 7/10 to a 3/10. However, it was also documented that the injured worker no longer had numbness and tingling in the right upper extremity following surgery for the Thoracic Outlet Syndrome. Additionally, the documentation provided noted that the prescription was for 60mg three (3) times a day; this exceeds the recommended dosage of 60mg once a day. Furthermore, it remains unclear how long the injured worker has been prescribed this medication. Due to these facts, this request is not medically necessary.

**LYRICA 50MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The Chronic Pain Guidelines state that anti-epileptic drugs may be recommended for neuropathic pain. It was noted within the documentation that the injured worker had a history of symptomatology that would benefit from the use of this medication to included Thoracic Outlet Syndrome. Additionally, it was documented that, with medication use, the injured worker's pain was reduced from a 7/10 to a 3/10. However, it was also documented that the injured worker no longer had numbness and tingling in the right upper extremity following surgery for the Thoracic Outlet Syndrome. Additionally, it remains unclear how long the injured worker has currently been prescribed this medication. As such the request for Lyrica 50mg #60 is not medically necessary.