

<b>Case Number:</b>	CM14-0009272		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	02/20/1999
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old male with past history of diabetes and asthma who was injured on February 20, 1999. The patient continued to experience pain in his heels and shortness of breath. The patient had some exposure to fumes when he was working, but he had also smoked at least ½ pack per day of cigarettes for 30 years. Physical examination was notable for lungs clear to auscultation. Diagnoses included asthma, depression, and ortho condition. Treatment included medications and inhalers. Requests for authorization for Cymbalta 60 mg # 60, Spiriva, 18 mcg # 30, and Ventolin HFA, 90 mcg were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYMBALTA 60 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER SPECIFIC ANTIDEPRESSANTS, 15-16

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 15-16

**Decision rationale:** Cymbalta is duloxetine, aselective serotonin and norepinephrine reuptake inhibitor (SNRI). It is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia, but used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Adverse effects include dizziness, fatigue, somnolence, nausea and vomiting, and insomnia. In this case the patient was also prescribed Venlafaxine, another SNRI medication by the provider for his psychiatric condition. The patient's pain specialists prescribed Cymbalta. There is no indication for the duplication of medications within the same class and with the same mechanism of action. Risk of adverse effects increases in this situation. Therefore, the request for Cymbalta 60 mg #30 is not medically necessary and appropriate.

**SPIRIVA 18 MCG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** MTUS does not address this issues. Asthma medications are recommended using a stepwise approach below. Inhaled corticosteroids (ICSs) are the most effective long-term control therapy. In this case the patient's lung were clear on examination. The patient was treated with Advair, which is an inhaled medication containing a long-acting beta-agonist and steroid, Ventolin, a short-acting beta-agonist, and Spiriva, an anti-cholinergic inhaler. ODG does not recommend anti-cholinergic inhalers for any type of asthma. The Spiriva 18 mcg #30 is, therefore not medically necessary and appropriate.

**VETOLIN HFA 90 MCG:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** MTUS does not address this issues. Asthma medications are recommended using a stepwise approach below. Inhaled corticosteroids (ICSs) are the most effective long-term control therapy. In this case the patient's lungs were clear on examination. The patient was treated with Advair, which is an inhaled medication containing a long-acting beta-agonist and steroid, Ventolin, a short-acting beta-agonist, and Spiriva, an anti-cholinergic inhaler. For intermittent asthma, first-line recommendations are for short-acting beta-agonists as needed. For mild persistent asthma, first-line recommendations are for low dose inhaled steroids and long-acting beta-agonists. Medications are increased as the level of disease severity increases. Documentation of the patient's level of asthma is not documented in the medical record. However, short-acting beta-agonists as needed are the first step in the treatment of asthma and

are recommended by ODG. Therefore, the request for Vetolin HFA 90 mcg is medically necessary and appropriate.