

<b>Case Number:</b>	CM14-0157829		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/08/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Medicine 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:

According to the records made available for review, this is a 37-year-old female with a 7/8/02 date of injury. At the time (7/30/14) of request for authorization for Voltaren gel 1% 100gms with 2 refills and Cymbalta 60mg #60 with 2 refills, there is documentation of subjective (neck pain) and objective (tenderness over the paracervical muscles, equal and symmetric reflexes, and sensation is intact to light touch and pinprick) findings, current diagnoses (chronic pain syndrome, cervical pain, and neck pain), and treatment to date (medications (including ongoing treatment with Voltaren gel and Cymbalta) and treatment with TENS unit). Medical report identifies that medications enable the patient to go out of the bed and perform activities of daily living; and that the patient has depression. Regarding Voltaren gel, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); short-term use (4-12 weeks); and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% 100gms with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren gel. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren gel. Within the medical information available for review, there is documentation of diagnoses of atypical chronic pain syndrome, cervical pain, and neck pain. In addition, there is documentation of ongoing treatment with Voltaren gel. Furthermore, given documentation that Voltaren gel enables the patient to go out of the bed and perform activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Voltaren gel use to date. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren gel 1% 100gms with 2 refills is not medically necessary.

**Cymbalta 60mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine), Antidepressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Antidepressants for chronic pain Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Cymbalta is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of depression, generalized anxiety disorder, or pain related to diabetic neuropathy, as criteria necessary to support the medical necessity of Cymbalta. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of atypical chronic pain syndrome, cervical pain, and neck pain. In addition, there is documentation of depression and ongoing treatment with Cymbalta. Furthermore, given documentation that Cymbalta enables the patient to go out of the bed and perform activities of

daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Cymbalta use to date. Therefore, based on guidelines and a review of the evidence, the request for Cymbalta 60mg #60 with 2 refills is medically necessary.