

<b>Case Number:</b>	CM14-0158012		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/12/2001
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/23/2014
<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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 65 year old female who was injured on 4/12/2001. She was diagnosed with cervicogenic headaches which occasionally exacerbate into migraine-like headaches, costochondritis, bursitis, chronic pain syndrome, cervical spondylosis, lumbosacral spondylosis, and depression. She was treated with opioids, Cymbalta, Wellbutrin, Lyrica, physical therapy, injections, chiropractic treatments, cervical radiofrequency lesioning, TENS unit, and NSAIDs. On 3/18/14, the progress note from an office visit with her pain specialist reported that her Cymbalta helped her depression and helped to decrease her low back pain and has since starting it stopped socially isolating herself. On 9/10/14, the worker was seen by her pain management provider for a follow-up complaining of her chronic low back pain with radiculitis to right leg and chronic neck pain with radiation to left arm. She also reported difficulty sleeping, but no new changes in her symptoms. Her pain was rated at 7/10 on the pain scale (on average). There was no report on her headaches or how she used Imitrex. There was also no report on her depression or the effects of Cymbalta on her pain or depression. She was then recommended to continue her medications, including her Cymbalta 60 mg daily, #30 with 3 refills and Imitrex (100 mg 1-2 daily as needed, #60) as well as home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg , QTY: 30, with 3 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13.

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

**Decision rationale:** Duloxetine, a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI), specifically is recommended by the MTUS as a first-line treatment option for neuropathic pain. It is not to be used by those with hepatic insufficiency or substantial alcohol use. It may be used for the treatment of depression, anxiety, fibromyalgia, and neuropathic pain. In the case of this worker, the worker was using and benefiting from (functionally and pain-relief) Cymbalta. The request was for 4 months of Cymbalta. The previous reviewer suggested that more than one month of continuation is not appropriate due to potential for misuse. I disagree, respectfully with this assessment, and there are no guidelines that suggest this specifically for Cymbalta use. Close reassessment is only needed in the beginning of treating with this medication for the first time, but when stable and not reporting any side effects, as in the case of this worker, it is completely appropriate to request more than one month's refill on this medication. Therefore, the Cymbalta 60 mg, #30, with 3 refills is medically necessary and appropriate.

**Imitrex 100mg, QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), Physician Desk Reference (PDR), 66th Edition, 2014, Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Head, Triptans

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head section, Triptans

**Decision rationale:** The MTUS is silent regarding triptans for the treatment of migraines. The ODG, however, states that triptans are recommended for migraine sufferers as they are effective and well tolerated. A poor response to one triptan, however, does not predict a poor response to other triptans, and so it is appropriate to trial others if necessary. In the case of this worker, it is unclear as to how the worker is using Imitrex (how often, how many per headache, etc.). There was no report found in the notes available for review revealing how she used this medication. If it is being used for her cervicogenic headaches, this is not appropriate use of this medication. If she is using this medication rarely and only for her migraine headaches, then this may be considered appropriate. However, requesting 60 pills suggest that she might be using it at least daily. Further clarification is needed in order to determine what would be appropriate amounts and frequency of use of Imitrex in this worker. Therefore, for now, without this clarification, the Imitrex is not medically necessary.

