

<b>Case Number:</b>	CM14-0168830		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	10/25/2000
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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:

This patient is a 58 year old male who developed chronic spinal problems subsequent to an injury dated 10/25/2000. He has been diagnosed with cervical and lumbar radiculopathies that are confirmed by electro-diagnostics. Surgery for the cervical spine was unsuccessful for pain relief and the pain is reported to have significant neuropathic characteristics. The pain management specialist has documented a 30-35% percent improvement in reported pain levels due to his medications. He has also been diagnosed with depression and PTSD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg 1 capsule PO BID quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 42,43, 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressants for Chronic pain Page(s): 15.

**Decision rationale:** The MTUS Guidelines supports the use of Cymbalta as a first line drug for neuropathic pain syndromes that this patient clearly has. The pain management specialist documents meaningful pain relief that meets Guidelines standards for continued use of Cymbalta. The Cymbalta 60mg. BID #60 is medically necessary.

**Flurbiprofen 20 percent cream 120gm, Ketoprofen 20 percent - ketamine 10 percent cream 120gm, Gabapentin 10 percent - Cyclobenzaprine 10 percent - Capsaicin 0.0375 percent cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 29, 55, 11, 112, 113.

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

**Decision rationale:** The MTUS Guidelines are very specific regarding the recommended medications and use of topical analgesics. If a medication is not FDA approved for topical use the compound (s) is not recommended. Flurbiprofen is not FDA approved for chronic pain, Ketoprofen is specifically mentioned in Guidelines as not recommended, Gabapentin is specifically mentioned in Guidelines as not recommended, and Guidelines state that topical muscle relaxants (Cyclobenzaprine) are not recommended. The Flurbiprofen 20%, Ketoprofen, 20%, Ketamine 10%, Gabapentin 10%, Cyclobenzaprine 10% and Capsaicin .0375% 120gms is not medically necessary.