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| <b>Case Number:</b>   | CM14-0058174 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 10/05/2006 |
| <b>Decision Date:</b> | 09/08/2014   | <b>UR Denial Date:</b>       | 04/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46-year-old female was reportedly injured on 10/5/2006. The mechanism of injury is not listed. The most recent progress note dated 2/25/2014, indicates that there are ongoing complaints of neck, right shoulder and bilateral upper extremity pain. Physical examination demonstrated decreased cervical spine range of motion; 4/5 left grip strength, otherwise normal strength; reflexes normal/symmetrical and sensation intact in the upper extremities bilaterally; negative Spurling's test; negative facet challenge in the cervical spine. MRI of the cervical spine dated 2/8/2014 demonstrated mild cervical stenosis at C4/5 and C5/6. Diagnosis cervical stenosis, left de Quervain's tenosynovitis s/p surgery, right shoulder arthralgia s/p arthroscopy, narcolepsy, s/p gastric bypass, and elevated liver enzymes. Previous treatment includes MSIR, Terocin cream, Prilosec and Cymbalta. A request had been made for Cymbalta 60 mg 30 and was not certified in the utilization review on 4/4/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009 Page(s): 43, 105 OF 127.

**Decision rationale:** MTUS guidelines support Cymbalta as a first-line treatment option for neuropathic pain, especially if Tricyclic anti-depressants are ineffective, poorly tolerated or contraindicated. Review of the available medical records, documents chronic pain since an injury in 2006 as well as elevated liver enzymes. Treatment guidelines specifically state that Cymbalta should not be used in patients with hepatic insufficiency. Given the documented laboratory data, therefore., Cymbalta 60mg #30 is not medically necessary.