

<b>Case Number:</b>	CM14-0076059		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/14/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spine Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 12/14/11 while working at the [REDACTED] as she was transferring and providing care to clients with injury to the right shoulder, neck, and upper back. Treatments included physical therapy and imaging showed findings of right rotator cuff impingement with a rotator cuff tear. She underwent right shoulder arthroscopic surgery on 08/17/12. She continues to be treated for neck, shoulder, and elbow pain, numbness, and headaches occurring 20 times per month. When seen on 12/30/13 authorization for three sessions of right-sided trigger point injections was requested. On 02/10/14 there is reference to Vicodin, tramadol, and Lyrica causing nocturnal dyspnea and excessive sedation. Lyrica was discontinued. The trigger point injections had been approved and were performed on 03/03/14 to the trapezius, levator scapula, rhomboid, and supraspinatus muscles. On 03/10/14 there had been a decrease in pain with an ability to turn her head more easily after the injections. Cymbalta 5 mg was prescribed. Authorization for a cervical spine MRI was requested. On 04/07/14 there had been no adverse effects when taking Cymbalta. The dose was increased to 10 mg. There were multiple areas of muscle spasm and tenderness. On 04/30/14 she was having ongoing symptoms. Cymbalta at the 10 mg dose had caused palpitations. At the 5 mg dose there was a reported greater than 50% decrease in symptoms. Baclofen had been discontinued due to sedation. There was a decrease in headache frequency. Physical examination findings included decreased cervical spine range of motion. There were multiple areas of muscle spasm and tenderness. There was decreased shoulder range of motion with tenderness and right sided weakness with positive impingement testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** The claimant is now more than 2 years status post work-related injury and continues to be treated for neck, shoulder, and elbow pain, numbness, and headaches. Cymbalta (duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. When prescribing medications for chronic pain, considerations including side effects, cost, and efficacy of medication should guide the physician's choice of recommendations. In this case when Cymbalta was prescribed, a 5 mg dose was initiated due to a history of sensitivity to medications. When this was tolerated, the dose was increased to 10 mg but caused palpitations. Continuing Cymbalta in the setting of inadequate response and with the presence of side effects would not be considered medically appropriate and therefore is not medically necessary.

**Botox injection into scalp and cervical muscles, one set of injections every 13 weeks for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25 and 26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin, pages 61-62 Page(s): 61-62.

**Decision rationale:** The claimant is now more than 2 years status post work-related injury and continues to be treated for neck, shoulder, and elbow pain, numbness, and headaches. Botox is not recommended for the treatment of chronic neck pain or myofascial pain. Indications for the use of Botox include the treatment of cervical dystonia to decrease the severity of abnormal head position. Cervical dystonia is a focal dystonia and is characterized by involuntarily neck muscle contraction which causes abnormal head positioning. The presence of cervical dystonia is not documented in this case. Use of Botox in this clinical situation would potentially produce muscle weakness due to its effect at the neuromuscular junction and would not be recommended.