

<b>Case Number:</b>	CM14-0186309		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 47-year-old male with a 10/22/07 date of injury. At the time (10/9/14) of request for authorization for Cymbalta 60mg capsule, delayed release, 1 cap po BID, 30 days #60 with 2 refills and Butrans 5mcg/hour transdermal patch, apply 1 patch/week by transdermal route, 30 days, #5, 1 refill, there is documentation of subjective (bilateral shoulder pain) and objective (tenderness over the trapezius and cervical paraspinal muscles) findings. The current diagnosis is shoulder pain. The treatment to date includes ongoing treatment with Butrans and Cymbalta, home exercise program, and physical therapy. Medical report identifies that Cymbalta and Butrans patch maintain the patient's independence in activities of daily living; and that the patient has depression and anxiety. Regarding Butran patch, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg capsule, delayed release, 1 cap po BID, 30 days #60 with 2 refills:**  
Overturned

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

**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 a diagnosis of shoulder pain. In addition, there is documentation of depression and ongoing treatment with Cymbalta. Furthermore, given documentation that Cymbalta maintains the patient's independence in 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 capsule, delayed release, 1 cap po BID, 30 days #60 with 2 refills is medically necessary.

**Butrans 5mcg/hour Transdermal patch, apply 1 patch/week by transdermal route, 30 days, #5, 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Butrans

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction), as criteria necessary to support the medical necessity of Buprenorphine. 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 a diagnosis of shoulder pain. In addition, given documentation that Butrans patch maintains the patient's independence in activities of daily living, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Butrans patch use to date. However, despite documentation of chronic pain, there is no documentation of opiate addiction or chronic pain (after detoxification in patients who have a history of opiate addiction). Therefore, based on guidelines and a review of the evidence, the request for Butrans 5mcg/hour

transdermal patch, apply 1 patch/week by transdermal route, 30 days, #5, 1 refill is not medically necessary.