

<b>Case Number:</b>	CM15-0169972		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 injured worker is a 46 year old female who sustained an industrial injury February 27, 2012. Diagnoses are neck pain; cervical degenerative disc disease; cervical spinal stenosis; shoulder, myofascial pain; partial tear rotator cuff; questionable fibromyalgia. Past history included hypertension, gastric bypass 2006, breast reduction 2015, and chronic anemia. According to a treating physician's handwritten progress notes, dated July 29, 2015, the injured worker presented with complaints of neck pain radiating to the shoulder and right and left arm and right sided low back pain, with radiation to the right buttock and right posterior thigh to right knee. She is status post cervical epidural injection March 13, 2015. Current medication included Gabapentin, Norco, Ambien, Lisinopril, and ibuprofen. Physical examination revealed; gait and toe heel walking normal; lumbar spine- flexion 60 degrees, extension 15 degrees right lateral bend 35 degrees with pain to the right buttock and posterior thigh, left lateral bend 35 degrees and right and left rotation 45 degrees; cervical spine ranges of motion normal. Some handwritten notes are difficult to decipher. Treatment plan included to complete examination for carpal tunnel syndrome and at issue, a request for authorization, dated July 29, 2015, for Cymbalta (duloxetine) 30mg #60 and Voltaren gel 100g #1 tube. According to utilization review performed August 4, 2015, the request for Cymbalta (duloxetine) 30mg #60 and Voltaren gel 100g #1 tube are non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta (duloxetine) 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Duloxetine (Cymbalta).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta (Duloxetine) 30 mg #60 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are chronic pain neck/shoulder; fibromyalgia; and right buttock/back neuropathy. Date of injury is February 27, 2012. Request for authorization is July 29, 2015. According to illegible July 29, 2015 and written progress note by a pain management provider, the injured worker's subjective complaints include neck pain and radiates the shoulder and low back pain that radiates to the right buttock. Medications include gabapentin, Norco, Soma, Ambien and ibuprofen. Objectively, the documentation is illegible. There is no documentation demonstrating objective evidence of radiculopathy. There is no documentation demonstrating objective functional improvement or non-improvement with gabapentin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with gabapentin, no objective evidence of radiculopathy on physical examination and no clinical indication or rationale for Cymbalta, Cymbalta (Duloxetine) 30 mg #60 is not medically necessary.

**Voltaren gel 100g #1 tube:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% 100gm, one gel tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In

this case, the injured worker's working diagnoses are chronic pain neck/shoulder; fibromyalgia; and right buttock/back neuropathy. Date of injury is February 27, 2012. Request for authorization is July 29, 2015. According to illegible July 29, 2015 and written progress note by a pain management provider, the injured worker's subjective complaints include neck pain and radiates the shoulder and low back pain that radiates to the right buttock. Medications include gabapentin, Norco, Soma, Ambien and ibuprofen. Objectively, the documentation is illegible. There is no documentation demonstrating objective evidence of radiculopathy. Diclofenac is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. There is no documentation demonstrating osteoarthritis pain. Additionally, directions for use and the anatomical location for use are not documented in the medical record. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation with directions for use or anatomical regions for application and no documentation of osteoarthritis pain in a joint that lends itself to topical treatment, Voltaren (Diclofenac) gel 1% 100gm,one gel tube is not medically necessary.