

<b>Case Number:</b>	CM14-0165446		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Emergency Medicine, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 46-year-old female, who reported an injury on 10/05/2006, due to helping a resident get up for lunch. The injured worker fell and injured her right shoulder and right elbow, and the right side of her neck. Diagnoses were mild cervical stenosis C4-5, C5-6, left de Quervain's tenosynovitis status post-surgery, with postoperative infection, right shoulder arthralgia, status post arthroscopy, narcolepsy, status post gastric bypass, and elevated liver enzymes. The physical examination dated 08/19/2014 revealed complaints of neck, right shoulder, and bilateral upper extremity pain. The injured worker rated her average pain as an 8/10 to 10/10 on the pain scale. At the injured worker's last appointment, her Butrans 15 mcg was elevated to help decrease her pain; however, the injured worker reported getting more cramps in her legs, and is complaining of diarrhea. The injured worker was sent to the emergency room to rule out a heart attack. She has since restarted her levothyroxine and HCTZ/Lisinopril. The injured worker reported that things were okay. It was reported that no surgery was indicated at this time, but the injured worker did continue to have neuropathic pain. It was also reported that the injured worker was using Butrans 15 mcg patch, and taking Cymbalta 60 mg once daily, and utilizing Terocin cream. These medications helped decrease the pain from a 10/10 to an 8/10. Examination revealed an anterior scar over the neck consistent with thyroidectomy. There was tenderness to palpation throughout the cervical spine and right shoulder. The injured worker had decreased flexion and extension of the cervical spine. Sensation was intact in the bilateral upper and lower extremities. Spurling's test was negative bilaterally. The injured worker had blood work dated 03/11/2013 with an ALT reported to be 15. There was a cervical spine MRI dated 02/08/2014 that was unremarkable. Treatment plan was to continue medications, and request outpatient therapy at the recovery road for 3 months. The Request for Authorization was submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60 mg, QTY 30 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIS (Serotonin Noradrenaline Reuptake Inhibitors), Duloxetine (C. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition, Pain (updated 07/10/14), Duloxetine (Cymbalta)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Duloxetine (Cymbalta)

**Decision rationale:** The decision for Cymbalta 60 mg, QTY 30 with 2 refills is not medically necessary. The Official Disability Guidelines state that "Cymbalta (duloxetine) is recommended." Duloxetine (Cymbalta, an inhibitor of serotonin and norepinephrine reuptake) has been approved for the treatment of major depressive disorder. Cymbalta, an SNRI, has been approved by the FDA for both the treatment of depression and the management of pain associated with diabetic peripheral neuropathy. Post marketing reports of hepatic injury (including hepatitis and cholestatic jaundice) suggest that patients with pre-existing liver disease who take duloxetine may have an increased risk for further liver damage. The new labeling extends the precaution against using Cymbalta in patients with substantial alcohol use to include those patients with chronic liver disease. It is recommended that Cymbalta be administered to patients with any hepatic insufficiency. It was reported that the injured worker had lab work dated 03/11/2013 with an ALT of 15, with normal renal function. The injured worker had blood work done that was dated 04/22/2014 with an alkaline phosphate reported of 207, and an ALT reported to be a 52. Normal limits for an alkaline phosphate are 33 to 115, and normal limits for ALT are 6 to 29. The injured worker had a psychiatric evaluation dated 07/18/2014 that revealed she was drinking a bottle of wine per day for the past 6 months. When she stopped taking the morphine, she increased her alcohol. The medical guidelines state that "Cymbalta should not be mixed with alcohol." Due to the high liver enzymes, the continued use of Cymbalta would not be supported. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.