

<b>Case Number:</b>	CM14-0215032		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 51 year old female with an injury date of 09/30/99. Based on the 12/10/14 progress report, the patient complains of neck pain and left elbow pain. The neck pain is constant and achy in character. The elbow pain is intermittent and daily pain which is achy and sharp. The pain level is at 7-8/10 without medications and at 3/10 with medications. The patient has a forward protruded neck/head. The range of motion of neck and upper extremity is fair. The patient has 4/5 strength in the left shoulder. There is tenderness in the ulnar aspect of the left elbow and over the left triangular fibrocartilage region. The diagnoses are: 1. Neck pain with cervical disc disease. 2. Left shoulder pain. 3. Left elbow pain. The treatment plan is to continue Celebrex, Zegerid, Flexeril, Vicoprofen, Cymbalta, and Voltaren gel 1%. The patient is working fulltime with restrictions. Based on the 08/21/14 report, the patient complains of a constant neck and left shoulder pain that is dull and achy in character. The pain level is at 7-8/10 without medication and at 2-3/10 with medications. The treating physician is requesting for Vicoprofen 7.5/200mg #60 and Cymbalta 30mg #90 on 08/25/14. The utilization review determination being challenged is dated 12/18/14. The requesting physician provided treatment reports dated 08/12/14 and 12/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicoprofen 7.5/200mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines discusses Vicoprofen Page(s): 92.

**Decision rationale:** This patient presents with neck, left shoulder, and left elbow pain. The request is for Vicoprofen 7.5/200mg #60. The request was certified by the utilization review letter dated 12/10/14 with modification to Vicoprofen 7.5/200mg #15. MTUS page 92 discusses Vicoprofen stating that it is recommended for short term use only, generally less than 10 days. Review of reports does not discuss when the patient started to take this medication but it was listed as current medication as early as 08/21/14. The patient is working full time with restrictions and continued use of opioid may be reasonable to maintain functional level. However, the guideline recommends Vicoprofen for short-term use only, not intended for long-term use. The patient should be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

**Cymbalta 30mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), medication for chronic pain Page(s): 43 and 44; 60.

**Decision rationale:** This patient presents with neck, left shoulder, and left elbow pain. The request is for Cymbalta 30mg #90. A review of provided reports showed that the patient has been taking Cymbalta at least since 08/21/14. MTUS pg. 43 and 44 states that "Duloxetine (Cymbalta) Recommended as an option in first-line treatment option in neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy." Per 12/10/14 report, the treater notes this medication is for neuropathic pain but none of the reports discuss efficacy of this medication. Review of reports also does not show evidence of depression, generalized anxiety disorder, or diabetic neuropathy for which this medication is indicated. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.