

<b>Case Number:</b>	CM15-0062114		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/08/2001
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 53 year old female who sustained a work related injury October 8, 2001. Past history included neck surgery x 3 2002, 2004, and 2010. A January 21, 2015, physician's office visit noted the injured worker was referred for diagnosis and management of her symptoms of neck pain, rated 8/10, numbness in the left hand, and arm weakness. The symptoms have been constant since 2001 and associated with pain and numbness radiating down the left arm. She had received physical therapy with limited effectiveness and epidural steroid injection 5-7 years ago without significant improvement. According to a treating physician's progress report, dated February 20, 2015, the injured worker presented with consistent pain in her left arm, rated 8/10 and weakness. She reports that recent electrodiagnostic studies revealed a concern for cervical radiculopathy and the consulting physician suggested an MRI of the cervical spine. Diagnoses included post laminectomy syndrome, cervical region; reaction to lumbar puncture; opioid dependence, continuous. Treatment plan included counseling/coordination of care around the importance of compliance with treatment regimen and education in chronic pain self-management, request for authorization of Cymbalta with refills, Lorazepam with refills, Lyrica with refills, Paxil, and Flexeril with refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 & 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 15-16.

**Decision rationale:** At issue in this review is the prescription of Cymbalta. Duloxetine or Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Per the guidelines, it is used off-label for neuropathic pain and radiculopathy. There is limited documentation of a discussion of efficacy or side effects specifically related to cymbalta to justify ongoing use. The records do not support the medical necessity of ongoing use of Cymbalta. Therefore the request is not medically necessary.

**Lyrica 75mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19-20.

**Decision rationale:** Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica or a diagnosis of diabetic neuropathy or postherpetic neuralgia to justify use. The medical necessity of Lyrica is not substantiated in the records. The request is not medically necessary.