MAXIMUS Federal Services

Case Number:	CM13-0012402		
Date Assigned:	12/11/2013	Date of Injury:	09/26/2008
Decision Date:	04/29/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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 Internal Medicine 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:

The patient is a 34-year-old female who was injured on 09/26/2008. The mechanism of injury is unknown. The treatment history included sixteen (16) visits of psychological pain counseling, TENS unit, Toradol injection, physical therapy and medications including Omeprazole 20 mg, Cymbalta 20 mg, Lidoderm patch, MiraLax, Medrox, Melatonin, Ibuprofen, and Amitriptyline. The progress report (PR2) dated 03/26/201, documented the patient stating she feels her depression is worse. She has upper back pain, which is sharp and dull, and which she rates as 7/10 and left hip pain an 8/10. She stated the pain is worse with prolonged position, better with massage, exercises, heat and medication. The pain radiates to her left and she has occasional numbness in her left leg. She scored a twenty (20), which is an indication of major depression on her patient health questionnaire (PHQ). The PR2 dated 04/25/201, reported that the patient stated she feels that her depression is better this month. She rates her pain in her upper back as 6-7/10 and in her left hip 7-8/10. She stated the pain is worse with prolonged position or walking, but gets better with massage, exercises, heat and medication. She scored a ten (10), which is an indication of minor depression on her PHQ. The PR2 dated 09/19/2013, documented the patient to report she is feeling the same. She has been having trouble sleeping because of her back pain. She has constant sharp upper back pain that she rates a 9/10. She stated the pain radiates to her neck and left arm. She has dull, constant pain in her left hip that she rates 7/10. She has occasional numbness in her leg. The objective findings are unchanged from the note dated 10/17/2013. She scored an eighteen (18) on her PHQ, which is an indication of moderate depression. The PR2 dated 10/17/2013, indicated that the patient stated she is feeling better. The Toradol injection relieves her pain. The upper back pain was sharp and dull, constant 6-7/10, and worse with not enough sleep. This pain radiates to her neck and left arm. She complains of a dull constant pain in her left hip, which she rates at 5/10, worse with nothing, and better with

massage. The pain does not radiate. She has occasional numbness in her left leg. The objective findings on exam revealed deep tendon reflex (DTR) 2+ sensation intact, but diminished in the entire left leg; the MMT 5/5, the straight leg raise (SLR) was negative, pain to palpation in the left gluteus medius, and left tensor fascia and thoracic back. It was recommended that the patient undergo psychology pain consultation for her moderate depression. The patient has been diagnosed with lumbar strain, left sacroiliac pain, and left hip and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 20MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 15.

Decision rationale: The patient has been diagnosed with major depression in the past. In 03/13 her patient health questionnaire (PHQ) score was twenty (20) consistent with major depression. She has been on Amitriptyline and Cymbalta for treatment of chronic pain and depression. Her depression has improved to moderate severity with a PHQ score of eighteen (18). Her improvement is likely at least in part related to combination anti-depressant therapy. Discontinuing one of the medications may worsen her depression. If in the future her depression stabilizes or resolves, tapering the medications slowly may be advisable. Given the improvement in her depression and risk of discontinuing the medication, the request for Cymbalta 20mg, #30, is certified.