

Case Number:	CM13-0013742		
Date Assigned:	03/10/2014	Date of Injury:	11/09/2009
Decision Date:	08/28/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/20/2013

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 Psychiatry & Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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 56-year-old male whose date of injury is November 09, 2009 while operating heavy equipment, on which he was bouncing around. He experienced backache and leg and feet numbness, which gradually worsened, with subsequent burning and weakness in the lower extremities. His diagnosis is chronic pain syndrome. Psychological evaluation from March 15, 2013 showed Beck Depression Inventory =28 (moderate), Beck Anxiety Inventory =29 (severe). He reported problems with depression and frustration. Low back pain was rated 6-10/10. He also reported hip, right thigh and right leg pain with cramping and occasional numbness. His right leg pain was increasing with weakness and aching. Based on all factors of the evaluation it was felt that he suffered from clinical depression and anxiety symptoms, and psychological counseling was recommended. A progress note from June 19, 2013 indicated that the patient found the Nucynta started at his last appointment to be helpful with his pain flares. He was taking 2-4 tabs per day. He also felt that the Cymbalta helps with his neuropathies pain/numbness of his right leg. Pain was rated as 6-9/10 with pain medications, and 7-10/10 without them. Pain is increased with prolonged standing, walking, and with bending and lifting. Lying down, sitting, and medications are helpful for pain. He reported insomnia and depression. He completed a PHQ-9 depression questionnaire (depression related to chronic pain). His score was 16, indicating moderately severe depression. Psychotherapy was recommended. A September 06, 2013 progress report shows essentially the same information. The patient was taking Flexeril for increased muscle spasms as needed, and he continued to have depression related to chronic pain. An agreed medical evaluation (AME) from July 02, 2014 indicated that the patient retired in 2009 due to back and wrist issues. The rest of the exam focused on auditory issues, which began during the course of employment prior to this industrial injury, carrying over

into this one. Medications are Cymbalta 60mg per day, Nucynta 50mg 1-2 every 4 hours as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (60mg, #30 with 6 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants, selective serotonin and norepinephrine reuptake inhibitors Page(s): 15-16.

Decision rationale: According to the California MTUS guidelines, duloxetine (Cymbalta) is recommended as a first-line option for diabetic neuropathy. Guidelines also state that there is no high quality evidence reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. In this case, the patient suffers from neuropathy in his right leg due to his industrial injury and has experienced relief from the use of Cymbalta. Although guidelines recommend duloxetine as a first line agent for diabetic neuropathy, it also states that there is no high quality evidence reported to support its use in lumbar radiculopathy. Therefore, the request is not medically necessary at this time.

Psychotherapy (12-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102.

Decision rationale: According to the California MTUS guidelines, psychotherapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. In this case, the patient suffers from chronic pain syndrome. The patient is described as showing clinical depression and anxiety, and no formal diagnosis was given. The patient is on Cymbalta for neuropathic pain, which is also an antidepressant of the class SNRI. Cymbalta may have the dual action of aiding with the patient's subjective depression. There were rating scales performed in March & June 2013, but none since that time. There were no subjective and objective assessments of the patient's symptomatology of depression or anxiety in records provided. In addition there was no

stepped care approach performed, which is recommended by the California MTUS guidelines. Therefore, the request is not medically necessary and appropriate.