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| Case Number: | CM13-0018193 | | |
| Date Assigned: | 03/26/2014 | Date of Injury: | 02/23/2002 |
| Decision Date: | 05/13/2014 | UR Denial Date: | 08/21/2013 |
| Priority: | Standard | Application Received: | 08/29/2013 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, fibromyalgia, neck pain, low back pain, and psychological stress reportedly associated with an industrial injury of February 22, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; attorney representation; and extensive periods of time off of work. In a Utilization Review Report of August 21, 2013, the claims administrator retrospectively denied request for Cymbalta, despite acknowledging the applicant's issues with chronic pain syndrome, neuropathic pain, and depression. The applicant's attorney subsequently appealed. In an applicant questionnaire of August 27, 2013, the applicant acknowledges that she is off of work. The applicant reports neck pain radiating to arm and back pain. The applicant states that earlier attempts to wean Cymbalta resulted in a worsening of pain. A progress note of the same date, August 27, 2013, is notable for comments that the applicant reports pain ranging from 3-8/10. The applicant states that her pain is well controlled and that she is getting good results from Cymbalta. Cymbalta is ameliorating her ability to perform day-to-day activities. Attempts to diminish Cymbalta usage have resulted in worsening of pain. The applicant is mildly depressed, it is stated. Cymbalta is renewed, as are the applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CYMBALTA 30MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Cymbalta often take some time, typically weeks, to exert their maximal effect. In this case, the attending provider has seemingly posited that ongoing usage of Cymbalta has ameliorated the applicant's issues with neuropathic pain, fibromyalgia, and depression and has allowed the applicant to maintain day-to-day functions as well as day-to-day performance of activities of daily living. Given the reportedly favorable response to Cymbalta and the fact that antidepressants take some time to build in the system to therapeutic levels, continuing Cymbalta was more appropriate than discontinuing Cymbalta. Therefore, the request is retrospectively certified.

RETRO: CYMBALTA 60MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, duloxetine or Cymbalta is FDA approved for treatment of anxiety, depression, and fibromyalgia, all of which are reportedly present here. Cymbalta can also be employed off label for neuropathic pain, also reportedly present here. In this case, the attending provider and applicant have seemingly posited that ongoing usage of Cymbalta has been successful in terms of diminishing symptoms of depression and ameliorating ability to perform activities of daily living. Continuing the same, then, was more appropriate than the discontinuation suggested by the claims administrator, particularly since page 402 of the MTUS-adopted ACOEM Guidelines acknowledges that it may take weeks for antidepressants to exert their maximal effect. Therefore, the request is retrospectively certified.