MAXIMUS Federal Services

Case Number:	CM13-0052361		
Date Assigned:	12/27/2013	Date of Injury:	06/16/2003
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma 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 physician 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 32-year-old male who reported an injury on 06/16/2003. The mechanism of injury was not provided in the medical records. Review of the medical records reveals the patient diagnoses include lumbosacral disc injury, ICD9 code 722.10, lumbar radiculopathy, ICD9 code 724.4, and chronic pain syndrome with depression, ICD9 code 300.4. The most recent clinical note is a psychiatric progress note dated 04/10/2013 which revealed the patient had marked exacerbation of anxiety and depression, after learning of incipient medication denials from his insurance company. The patient's medication regimen included Valium 10 mg 3 times a day as needed, Abilify 10 mg one and a half tabs at bedtime, Buspar 5 mg twice a day, Atarax 25 mg 3 times a day, Cymbalta 30 mg daily, Nucynta 100 mg 8 per day, Soma 350 mg 5 per day, Daypro 2 per day, and Lyrica 2 per day. The physician progress note dated 09/27/2013 revealed the patient complained of persistent low back and leg pain with left leg weakness. The patient complains of ongoing anxiety and continues to participate with psychotherapy. The patient continues to rely on a cane for balance, and is using a TENS unit to help with pain and spasms. Objective findings upon examination include tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg Per Day for one Year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15.

Decision rationale: Per California MTUS Guidelines it is stated that antidepressants are recommended as a first line option for neuropathic pain and as a possibly for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Review of the medical records, there is no objective clinical documentation of any significant change in the patient's condition to include his functional status, his level of pain, or his depression that would suggest that the requested medication has been effective in helping relieve the patient of any of his signs and symptoms. It is also stated in California MTUS that this medication should be used with caution because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Patient medication regimen at this time consists of Valium, Cymbalta, Abilify, and Buspar; all of which when combined increase the patient's risk at toxicity. Therefore, the medical necessity for continued use of Cymbalta 30 mg per day for 1 year has not been proven and the request for Cymbalta 30mg Per Day for one Year is not medically necessary and appropriate.