

Case Number:	CM13-0070385		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2004
Decision Date:	06/02/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 45 year old female with a reported injury date of 11/01/2004. Diagnoses include unspecified disc disorder; cervical region, unspecified disc disorder; lumbar region, thoracic or lumbosacral neuritis or radiculitis; unspecified, occipital neuralgia, and poor coping. The clinical note dated 12/13/2013 noted subjective complaints that included 7/10 pain to an unspecific region of the back. The objective findings include tenderness to palpation of the cervical and lumbar region and unspecific decreased sensation to the left lower extremity. The psychiatric progress report dated 06/14/2013 noted that the injured worker has been taking Cymbalta 90 once daily, Lexapro 20mg once daily, and Lunesta PRN since at least 01/24/2013. It was also noted that the injured worker appeared to be in no distress and described as "better". DSM-IV findings included a score of 58 with adjustment disorder with depressed and anxious mood and depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 TABLETS OF CYMBALTA 90 MG BETWEEN 12/9/2013 AND 1/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Antidepressants for Chronic Pain, Page(s): 15-16.

Decision rationale: The MTUS Chronic Pain Guidelines state that Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Although there is documentation that the injured worker has a history of depressive disorder, the documentation provided does not show quantifiable evidence that the medication requested has had a therapeutic effect. As such the request for 30 tablets of Cymbalta 90 mg is not medically necessary and appropriate.

30 TABLETS OF LEXAPRO 20MG BETWEEN 12/9/2013 AND 1/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Antidepressants for Chronic Pain Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines state that Selective serotonin reuptake inhibitors (SSRIs) have been suggested in addressing psychological symptoms associated with chronic pain. The Official Disability Guidelines recommend Lexapro as a first-line treatment option for major depressive disorder. Although there is documentation that the injured worker has a history of depressive disorder, the documentation provided does not show quantifiable evidence that the medication requested has had a therapeutic effect. As such the request is not medically necessary and appropriate.

30 TABLETS OF LUNESTA 3 MG BETWEEN 12/9/2013 AND 1/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Official Disability Guidelines states that Lunesta is recommended as the first-line medication for insomnia and is the only FDA approved Benzodiazepine-receptor agonist that can be used longer than 35 days. The medical necessity for the use of this medication has not been established as there are no complaints of sleep loss in the medical records provided for review. As such the request is not medically necessary and appropriate.