

Case Number:	CM14-0005117		
Date Assigned:	01/24/2014	Date of Injury:	05/03/2001
Decision Date:	06/12/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/14/2014

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 Orthopedic Surgery 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 record notes a 53-year-old individual with a date of injury of May, 3, 2001. A progress note dated November 25, 2013 was provided for review in support of the above noted request indicating an overuse of narcotics, and multiple scripts for multiple physicians. The claimant was receding Norco and sublingual fentanyl by another physician. A notation is made that no other narcotic medications would be prescribed. Cymbalta and Abilify were prescribed. With a notation that the claimant would be prescribed 120 mg of Cymbalta, and Abilify 5 mg. The record notes that the claimant was previously on Cymbalta and Abilify, and that these medications would address the depression and the neuropathic pain. The record indicates that the claimant feels depressed and has insomnia with anxiety. Physical examination includes only a mental status examination which reveals a depressed mood, affect. A progress note from August 2013 also references the claimant receiving medications (narcotics) from another physician. A progress note from July 2013 demonstrated that the claimant had been improving with an increase in activity and less depression. At the time the claimant was on Cymbalta 120 mg a day in combination with Remeron 60 mg at night, and Abilify 5 mg at night. The claimant was receding OxyContin at that time. Previous urine toxicology screens and laboratory evaluation have been provided. Other than pharmacotherapy, no other treatment is documented. A prior review was denied on December 27, 2013. The ICD diagnosis codes noted in the record includes 296.34, 300.1, and 307.89 (Major depressive affective disorder with psychotic behavior, panic disorder and pain disorders related to psychological factors).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #60: 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), Cymbalta/duloxetine.

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

Decision rationale: Cymbalta is Food and Drug Administration (FDA) approved for the treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. The guideline recommendations for the use of this medication are for first-line treatment of neuropathic pain. The guidelines do not recommend this medication as a first-line treatment for depression or chronic pain. In the absence of documentation of prior antidepressant classes that have been provided and failed, there would be no indication for the use of this medication as a first-line agent for chronic pain for depression. While it is noted and clear that the claimant's should be treated on an antidepressant medication, the documentation is insufficient to support that this medication is being used in a manner which is consistent with guidelines support, for the diagnoses noted. It is recommended that if prior antidepressant therapies were provided, and failed, prior to the initiation of the use of Cymbalta, that this be documented. As, in the setting of failure to respond other classes of medications, a clinical indication for the use of this medication for the diagnosis noted, may be supported by the guidelines. However, based on the record available, this request is not certified.

ABILIFY 5MG #30: 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), Antidepressant.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress (updated to 4/9/14) Abilify.

Decision rationale: The medical record provides documentation of a diagnosis of a major depressive disorder with psychosis. Abilify is an atypical antipsychotic, and may be clinically indicated in some clinical settings for the above diagnoses. However, this is an atypical antipsychotic medication and the appropriate documentation of a first-line antipsychotic medication is not noted. In the absence of the appropriate documentation of prior antipsychotic medication used to stabilize the claimant's condition, insufficient clinical data has been provided to support the use of this medication in this setting. Therefore, this request is not certified.