

Case Number:	CM14-0008007		
Date Assigned:	02/07/2014	Date of Injury:	11/18/2005
Decision Date:	07/17/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

This is a 70-year-old male with an 11/18/2005 date of injury. The documentation describes diagnoses including right shoulder sprain, right knee post-traumatic arthritis, right hip post-traumatic arthritis, lumbar sprain, chronic pain, secondary anxiety, right total knee replacement 2011.9/13/13 progress report by [REDACTED] describes review of a psychological QME from 6/18/13 describes the need for continued treatment of chronic pain and associated mood disorder with medication management for psychotropics. There are further recommendations for continued psychotherapy. It is noted on this date that the patient was currently on 40 mg per day of Cymbalta. The concern was the patient was getting worse, and not better. Cymbalta does help with chronic pain and irritability and helps maintain his level of function, and reduce analgesic use. The patient was not taking opiates on a daily basis at that time. The recommendation was to increase Cymbalta to 60 mg a day and consider further increases for chronic pain and associated depression.7/23/13 QME re-evaluation report describes the psychological QME and describes diagnoses of generalized anxiety disorder, major depressive disorder single episode, significant emotional distress.6/11/13 progress report by [REDACTED] describes hip and knee pain. The patient was back at work however there was a need to optimize gait and recommendations for physical therapy to avoid joint replacements. Medications listed on the report describes Cymbalta 20 mg, 3 tablets p.o. q.d. (60 mg). The patient was instructed to titrate Cymbalta to side effects in this case, sedation, sexual dysfunction, while attempting to address the benefits of pain control, chronic pain, and irritability/depression.3/4/13 progress report by [REDACTED] states that the patient was progressing with physical therapy and that Cymbalta was working. Recommendation was to continue.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG FOR PAIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Page 15-16.

Decision rationale: The prior adverse determination was reviewed stating that there is no high-quality evidence to support the use of Cymbalta for lumbar radiculopathy. It also stated that the medical file does not support increasing the dose of Cymbalta and recommended denial. After review of the notes, the patient does have diagnoses of chronic pain, depression, and mood disorder. Cymbalta was listed in 2013 as 40 mg per day. It was working until the doctor noted that the patient's psychological condition was somewhat worsening. He proposed increasing Cymbalta up to 60 mg per day on a trial basis. The Dr. as described on multiple occasions that there is a medication review of Cymbalta. In this case, the MTUS chronic pain medical treatment guidelines support Cymbalta for anxiety, depression, and chronic pain. It was not specifically prescribed for lumbar radiculopathy. The MTUS guidelines also state that 60 mg once a day is an off label option for chronic pain syndromes, as is the case here. The notes did describe improvements in mood, chronic pain, and help reduce analgesic needs. The Dr. has documented appropriate monitoring of this antidepressant and according to the MTUS guidelines referenced, the recommendation is to certify the increased up to 60 mg once a day.