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| Case Number: | CM14-0011420 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 02/12/2003 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/28/2014 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is 57 year-old male who was injured on 2/12/2003. He is undergoing pain management for chronic lumbar pain s/p global fusion at L4/5 and L5/S1; s/p left rib fractures; cervical sprain; and is also undergoing psychiatric and psychological care for severe single episode major depressive disorder. The psychiatrist has been treating the patient with Cymbalta, 60mg qam, #30, and Abilify 2mg, for 3 years. On 1/10/2014 UR modified the request for Cymbalta to allow 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60 MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 13-16.

Decision rationale: The patient has chronic low back pain from a L4-S1 anterior/posterior fusion and major depression. The psychiatrist has prescribed Cymbalta 60mg 1 tab #30 for depression. MTUS states Cymbalta is an antidepressant, and also states it is recommended for

chronic pain. The request for Cymbalta for use as an antidepressant in a patient with chronic pain is in accordance with MTUS guidelines.