

Case Number:	CM14-0114966		
Date Assigned:	08/06/2014	Date of Injury:	10/15/2008
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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 Child & Adolescent Psychiatry 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 injured worker is a 57 year old male who was injured at work on October 15, 2008. The injured worker suffered sudden severe wrist pain when he was using a scraper to remove plastic floor tile. He developed chronic pain, and later experienced secondary symptoms of anxiety and depressed mood. The injured worker is diagnosed with Depression and Anxiety. He has undergone outpatient individual psychotherapy sessions. According to the April 14, 2014 progress report the injured worker had objective signs of depressed mood and flat affect. He was prescribed the psychotropic medications Cymbalta 90mg at night and Buspar 15mg three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressant. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43.

Decision rationale: MTUS guidelines indicate that the medication Cymbalta (duloxetine) is recommended as a first line medication treatment option in management of neuropathic pain. This is especially helpful when individuals are unable to tolerate the tricyclic antidepressants. It is also FDA approved in the treatment of Depression, Anxiety, and Fibromyalgia. The injured worker is diagnosed with Depression. He would be an appropriate candidate for the medication Cymbalta. However, the request does not specify the quantity of medication, so that on this basis is not medically necessary.

Buspar 15mg (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-anxiety. Decision based on Non-MTUS Citation Official Disability guidelines: Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: MTUS is not applicable, as it does not address Buspar. The ODG indicate that the medication Buspar (buspirone) is an option for the treatment of short-term use to alleviate symptoms of anxiety. It has the advantage over the benzodiazepine medications as it does not have the associated risk of dependence or tolerance. The injured worker is diagnosed with Anxiety. He would be an appropriate candidate for the medication Buspar. However, the request does not specify the quantity of medication, so that on this basis is not medically necessary.