

Case Number:	CM14-0173822		
Date Assigned:	10/27/2014	Date of Injury:	05/12/2010
Decision Date:	12/22/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/21/2014

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 Psychiatry & Neurology, and Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 13 pages of medical and administrative records. The injured worker is a 55 year old male whose date of injury is 05-12-2010, the nature of which was not specified. Diagnosis is major depressive disorder recurrent severe without psychotic features, lumbar sprain/strain, and degenerative disc lumbar. A 10/14/14 Utilization review by [REDACTED], appears to be based on a medical report of 08/13/14. The patient was on Norco, tizanidine, and Cymbalta 60mg BID. He reported decrease in level of depression. A psychology report of 07/15/14 shows that the patient was recently started on Cymbalta by [REDACTED]. The patient has been on other antidepressants in the SSRI family with variable response. In a PR2 by [REDACTED], [REDACTED], The patient had low back pain with radicular symptoms and depression. The patient had tried Brintellix and "made nausea and sweaty and took for 10 days". He went back to Lexapro, which did not help. He had two more sessions with [REDACTED], pain continued 6-7/10 down the legs, painful right ankle with difficulty walking. Obtained pain medication privately as not filled by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15-16.

Decision rationale: Although the patient carries the diagnosis of major depressive disorder recurrent, it is unclear how this diagnosis came to pass. There was no history of the industrial injury provided, no medical or psychiatric history, no listing of his symptoms or severity, no psychiatric consultation, no psychological evaluation, no medication management progress reports, no rating scales, and almost nothing in the way of efficacy of the medication. Due to the almost total lack of medical records provided with which to make an informed decision, this request is considered not medically necessary.