

Case Number:	CM14-0176384		
Date Assigned:	10/29/2014	Date of Injury:	08/17/2011
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 and Rehabilitation 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 50-year-old man with a date of injury 8/17/11. The patient carries diagnoses of chronic headaches, cervical neck pain status post fusion and depression. The injured worker's primary pain complaint is chronic recurrent headaches. He reportedly takes Advil and Norco for pain management. On 10/1/14 he was noted to have a euthymic mood and appropriate affect. He was continued on Cymbalta 30 mg daily for depression along with Bextra and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30 mg #30 once daily for depression, with 1 refill for the submitted diagnosis of depressive disorder, related to chronic pain in the upper left extremity and neck as an outpatient: 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 Specific antidepressants, SSRIs Page(s): 15; 107-108.

Decision rationale: The injured worker presents with a history of chronic neck pain and headaches following cervical fusion surgery. Psychiatric follow-up assessment on 10/1/14

indicates a diagnosis of major depressive disorder, recurrent. MTUS guidelines indicate that SSRIs have a role in treating psychological symptoms associated with chronic pain. The documentation provided support that the patient indeed has psychological symptoms associated with chronic pain. The request for Cymbalta 30 mg daily is for depression. Therefore, this request is medically necessary.