

Case Number:	CM14-0028990		
Date Assigned:	04/09/2014	Date of Injury:	07/09/2002
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 a 59 year old male who was injured in 2002. There is very little clinical information related to his psychiatric status but the UR review determination dated 12/23/2013 refers to a letter from the provider indicating that the patient has been under treatment for depression since 2008, having failed past trials of Lexapro, Prozac, Wellbutrin and Remeron. The letter is not available for review. A request was made for coverage for Cymbalta which was approved in the amount of 30 mg daily. A letter from the provider dated 2/20 of this year indicates that the patient is on 60 mg daily. There was also a request made for a psychiatric consultation which apparently was denied. This appears to be an independent review of the request for coverage for Cymbalta in the amount of 60 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR CYMBALTA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 43-44.

Decision rationale: The Chronic Pain Medical Treatment Guidelines also states that "the FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may (be) greater in those with comorbid depression". In this case this patient is on 60 mg daily, which is within the recommended dose range and has comorbid depression. The request for Cymbalta is medically necessary and appropriate.