

Case Number:	CM14-0097217		
Date Assigned:	07/28/2014	Date of Injury:	06/28/2004
Decision Date:	10/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 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 a 59-year-old female who has submitted a claim for major depressive disorder, chronic post-traumatic stress disorder, and chronic pain syndrome associated with an industrial injury date of 06/28/2004. Medical records from 11/18/2008 to 03/30/2014 were reviewed and showed that patient did not trust normal life and memory. The patient was also grieving mother's death and unable to perform ADL and sleep. Physical examination findings were not made available. Treatment to date has included Cymbalta (dosage and quantity not made available) since 11/18/2008, Seroquel 100mg, and Valium 10mg. Utilization review dated 06/17/2014 partially certified the requests for Cymbalta 60 mg x one month supply and psychotherapy with medication x 3 visits because the medical necessity was established with diagnosis of major depression and chronic post-traumatic stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy with medication follow up x 3 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation (TWC) Mental Illness & Stress Procedure Summary last updated 04/09/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: With regards to psychotherapy, CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. ODG Pain Chapter states that states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient was diagnosed with major depressive disorder and chronic post-traumatic stress disorder. However, there has been no documentation of recent psychotherapy trial with evidence of objective functional improvement, which is required to support continuation of psychotherapy as stated in the guidelines. Therefore, the request for Psychotherapy with medication follow up x 3 visits is not medically necessary.

Cymbalta 60mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC) Mental Illness & Stress Procedure Summary last updated 04/09/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta), Page(s): 15-16.

Decision rationale: As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient was prescribed Cymbalta (dosage and quantity not made available) since 11/18/2008 for anxiety disorder. The medical necessity for Cymbalta has been established. However, the request failed to indicate the quantity of Cymbalta to be dispensed. Therefore, the request for Cymbalta 60mg is not medically necessary.

Cymbalta 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC) Mental Illness & Stress Procedure Summary last updated 04/09/2014

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

Decision rationale: As stated on pages 15-16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy; recommended as a first-line option for diabetic neuropathy; and has no high quality evidence to support use for lumbar radiculopathy. In this case, the patient was prescribed Cymbalta (dosage and quantity not made available) since 11/18/2008 for anxiety disorder. The medical necessity for Cymbalta has been established. However, functional improvement from medication use was not documented. Of note, progress reports were handwritten and somewhat illegible. The request likewise failed to indicate the quantity of Cymbalta to be dispensed. Therefore, the request for Cymbalta 30mg is not medically necessary.