

Case Number:	CM14-0203803		
Date Assigned:	12/16/2014	Date of Injury:	08/25/2010
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Psychiatrist (MD), 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:

Injured worker is a 37 year old male with date of injury 8/25/2010. Date of the UR decision was 11/26/2014. He suffers from chronic back pain secondary to cumulative work trauma. Per report dated 11/6/2014, the injured worker's status was noted to be improved compared to the prior visit. He presented with subjective complaints of somatic preoccupation. It was documented that he continued to perseverate that his gastrointestinal and foot complaints were related to spine problems. He was experiencing weight gain with Abilify and was switched to Seroquel. Objective findings were marked dysphoria, intense affect. He was diagnosed with depressive disorder not otherwise specified. He was continued on Cymbalta and Ativan per that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60 times 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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

Decision rationale: Per MTUS "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%)." The submitted documentation does not indicate any evidence of objective functional improvement with the use of Cymbalta. The injured worker's affect was described as dysphoric and intense per the most recent progress report dated 11/6/2014. The request for another 3 month supply of the medication is not clinically indicated based on the lack of improvement with the continued use of this medication. Thus, the request for Cymbalta 60 mg #60 times 3 months is excessive and not medically necessary.

Ambien 10 mg #30 times 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The guidelines recommend that the use of Ambien should be short term only i.e. for 7-10 days. Thus, the request for Ambien 10 mg #30 times 3 months is excessive and not medically necessary.