

Case Number:	CM14-0208328		
Date Assigned:	12/22/2014	Date of Injury:	06/19/2006
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 years old male patient who sustained an injury on 6/19/2006. He sustained the injury when helping to move a metal cabinet onto a truck. He was in the process of putting the cabinet onto the truck from a dolly when the cabinet started to fall forward. He pushed with his right hand to try to keep it up but it fell from the truck. He felt pain immediately in the right shoulder area and later up to his neck. He also had left shoulder pain later on. On 6/19/2006, the claimant sustained another work-related injury when he was repairing holes on the wall. The current diagnoses include major depressive disorder, recurrent, severe and pain disorder associated with a general medical condition. Per the doctor's note dated 9/15/2014, he had complaints of depression secondary to pain in knee, neck radiating to arms, back radiating down hips and legs and psychological distress secondary to his orthopedic complaints. The physical examination revealed irritability and loses temper easily, excessive startle, non-social, agoraphobia, hopeless, worthless, tired, lonely, decreased libido and insomnia. The medications list includes norco, prilosec, lisinopril, warfarin, docusate, metoprolol, ativan, duloxetine, allegra and vitamin C and D. He has undergone lumbar surgery and sclerotherapy for deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30; Refills X 2: Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs):Duloxetine (Cymbalta) Pag.

Decision rationale: Cymbalta contains duloxetine which is Selectiveserotonin and norepinephrine reuptake inhibitors (SNRIs).Per the Chronic Pain Medical Treatment Guidelines MTUS, duloxetine is "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." Per the records provided patient has chronic pain and depression with history of lumbar surgery. He has pain in the neck radiating to the arms, and pain in the back radiating down hips and legs. SNRIs like cymbalta are a first line option for patients with chronic pain and depression. The request for Cymbalta 60mg #30; refill times two is medically appropriate and necessary for this patient.

Ativan 1mg #60 Refill X 21: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan contains lorazepam which is a benzodiazepine. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. The medical necessity of Ativan 1mg #60 refills times 21 are not established for this patient.