MAXIMUS Federal Services

Case Number:	CM15-0006520		
Date Assigned:	01/26/2015	Date of Injury:	06/16/2010
Decision Date:	03/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (IW) is a 32 year old female, who sustained an industrial injury on 06/16/2010. She has reported depression, anxiety and chronic pain. The diagnoses have included an Axis I major depressive disorder, chronic pain syndrome associated with both psychological factors and a general medical condition. Treatment to date has included use of Cymbalta, cognitive behavioral therapy, and psychiatric care. The IW complains of pain in the neck and both hands rating a 6/10. Sleep, appetite and concentration have been affected. On 01/06/2015 Utilization Review non-certified a request for Cymbalta 30mg 3 QD #90 with 5 refills noting there was a prior request for Cymbalta 30mg 2 QD #60 with 5 refills that was certified on 01/06/2015 . The MTUS, ACOEM Guidelines, Antidepressants for Chronic Pain were cited. On 01/06/2015 Utilization Review non-certified a request for Medication management follow up visit once per month x 6, noting the request for request for Cymbalta 30mg 3 QD #90 with 5 refills was non-certified making the request unnecessary. MTUS, ACOEM Guidelines Chapter 15 Stress Related Conditions, were cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg 3 QD #90 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cymbalta FDA approved package insert

Decision rationale: The previous review denied the medical necessary of Cymbalta on the basis that it was not medically necessary and did not meet criteria for a chronic pain treatment for this patient. However, the patient does have an axis I diagnosis of depression and Cymbalta is FDA approved as an antidepressant for the treatment of depression. It is medically necessary for this patient. Cymbalta is being taken for a FDA approved indication and is a standard of car for depression.

Medication management follow up visit once per month x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations page 127.

Decision rationale: The patient already has psychiatric follow up. The request for a consultant to follow her for medications is not consistent with ACOEM Chapter 7. There is no issue with having a consultant in another field diagnose a problem with an unknown diagnosis or having a consultant provide some expertise that is needed to manage this patient. The documentation provided for review does not meet ACOEM consultation criteria for medication followup.