

Case Number:	CM15-0101311		
Date Assigned:	06/03/2015	Date of Injury:	03/27/2012
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of March 27, 2012. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve two separate requests for Cymbalta. Partial approvals were issued. The claims administrator referenced progress notes of April 10, 2015 and January 23, 2015 in the determination. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain, highly variable, 4-9/10. The applicant had apparently returned to work despite ongoing pain complaints and despite ongoing issues with anxiety and mood disturbance. The applicant did state that her mood was "good," it was reported on this date. The applicant stated that her medications were beneficial. The applicant's medications included Lidoderm patches, naproxen, Cymbalta, and Adderall. Cymbalta and Lidoderm cream were renewed. The applicant did apparently carry diagnoses of adjustment disorder, depression, anxiety disorder, and insomnia for which Cymbalta was seemingly being employed it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for Cymbalta, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression, as were/are present here. The attending provider did report on February 27, 2015 that ongoing usage of Cymbalta had attenuated the applicant's issues with mood disturbance. The applicant was described as having returned to work and reportedly exhibited a "good" mood, it was reported on February 27, 2015. It did appear, on balance, that ongoing usage of Cymbalta was generating appropriate benefits in terms of functional improvement measures established in MTUS 9792.20e. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Cymbalta 60mg #30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Yes, the request for Cymbalta, an atypical antidepressant, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful to alleviate symptoms of depression, as were/are present here. The attending provider did report on February 27, 2015 that ongoing usage of Cymbalta had attenuated the applicant's issues with mood disturbance. The applicant was described as having returned to work and reportedly exhibited a "good" mood, it was reported on February 27, 2015. It did appear, on balance, that ongoing usage of Cymbalta was generating appropriate benefits in terms of functional improvement measures established in MTUS 9792.20e. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.