

Case Number:	CM15-0108315		
Date Assigned:	06/15/2015	Date of Injury:	08/03/2011
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 is a 43-year-old male, who sustained an industrial injury on 08/03/2011, involving unloading boxes. He was diagnosed with severe reactive depression with psychotic features and somatoform disorder, bilateral foci in the periventricular and subcortical white matter and PTSD. He received around a year of psychotherapy from which his providers reported no benefits. Multiple providers wanted him to have a consult to rule out ALS He uses a wheelchair and cane. He refused psychological testing twice. He has been on Risperdal and Lexapro in the past, and has been on Cymbalta since at least 02/24/12. In a PR2 of 03/05/15, ■■■ reported that the patient failed Cymbalta, yet he had high depression scores. A medical legal evaluation of 03/11/15 noted that his issues might be psychogenic in origin. In a PR2 of 05/11/15, the patient complains of back pain 10/10 and psychological issues. He ambulates and there is no flaccid paralysis. His tremor appears to be non-physiologic and voluntary. UR of 05/21/15 noncertified this request due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44 of 127.

Decision rationale: Cymbalta is a SNRI antidepressant FDA approved for the treatment of depression, generalized anxiety disorder, and pain related to diabetic neuropathy. No documentation has been if the patient has had objective benefit from the use of this medication or rationale for its continued use. This request is therefore NOT MEDICALLY NECESSARY.