MAXIMUS Federal Services

Case Number:	CM15-0133510		
Date Assigned:	07/21/2015	Date of Injury:	07/15/2010
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, 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:

The injured worker is a 49 year old male, who sustained an industrial injury on 7-15-10. Initial complaints were of his head, neck, shoulders, back, legs and psych. The injured worker was diagnosed as having mild restrictive lung disease; umbilical hernia; anemia; right shoulder surgery; gastritis; reflux esophagitis; duodenitis; hiatal hernia; dysphagia; irritable bowel syndrome; internal hemorrhoids; status-post H. Pylori infection; diverticulosis. Treatment to date has included status post right shoulder arthroscopic rotator cuff repair; subacromial decompression; excisional acromioclavicular joint arthroplasty; Mumford procedure (12-11-14); physical therapy; medications. Currently, the PR-2 notes dated 4-15-15 indicated the injured worker reports improvements in swallowing, internal hemorrhoids, blood in stool, acid reflux and diarrhea and constipation. He has no change in abdominal pain and reports gastritis and duodenitis. He is a status post right shoulder arthroscopic rotator cuff repair; subacromial decompression; excisional acromioclavicular joint arthroplasty; Mumford procedure on 12-11-14. He complains of an umbilical hernia and was hospitalized for three days due to severe anemia and a colonoscopy was done. Additionally, the provider documents the injured worker has a medical history for a right inguinal herniorrhaphy in 2006 or 2007. He is a 7cm hiatal hernia and is status post H. Pylori treatment. His lungs are clear to auscultation and there are no rales or wheezes appreciated. Medications listed by the provider are Dexilant 60mg daily; Gaviscon three times daily; Miralax; Colace 100mg twice daily; Bentyl 10mg three times daily and Cymbalta 60mg daily. The provider is requesting authorization of Cymbalta 60mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 43-44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13-14.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months. There was no mention of major depression but only "psychological complaints." Behavioral therapy, counseling and other interventional responses were not noted. The continued use is not supported by any evidence and is not medically necessary.