

Case Number:	CM15-0162285		
Date Assigned:	08/28/2015	Date of Injury:	11/04/2011
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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:

This is a 34-year-old male who sustained an industrial injury on 11-04-2011 due to a fall. Diagnoses include post-traumatic stress disorder; depressive disorder not otherwise specified; and chronic pain. Treatment to date has included medications, psychotherapy, cognitive behavioral therapy and psychiatric care with medication management. According to the progress notes dated 7-9-2015, the IW (injured worker) reported he was feeling better, attending group and individual therapy and applying techniques to manage pain and irritability. His sleep was good, without nightmares. He denied any pervasive or persistent symptoms including depressed mood, anhedonia, poor concentration, attention and memory, poor self-esteem, flashbacks and increased response to trauma cues. He denied suicidal ideation and medication side effects. On examination, his mood was euthymic and his affect was appropriate to content and situation. He was cooperative, jovial and friendly and did not appear to respond to internal stimuli. His memory was intact and he understood the need for treatment. A request was made for Cymbalta 30mg, #60 with 2 refills for depression, anxiety and chronic pain and six sessions of medication management; he was to follow up in four weeks for possible Permanent and Stationary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine); Duloxetine (Cymbalta) Page(s): 42, 43-44.

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

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006)" The latest progress report available for review dated 7/9/15 did contain findings consistent with neuropathic pain and subjective as well as objective functional improvement with the medication. As the requested medication is indicated, the request for Cymbalta 30mg, #60 with 2 refills is medically necessary.

Medication management, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible post-traumatic stress disorder; depressive disorder not otherwise specified; and chronic pain. The injured worker has been undergoing treatment in form of psychotherapy and psychotropic medication management. He is being prescribed Cymbalta 60 mg daily. The injured worker is not on any medications that would require close monitoring needing six more office visits. Thus, the request for Medication management, 6 sessions is excessive and not medically necessary.