

<b>Case Number:</b>	CM15-0167829		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58 year old female, who sustained an industrial injury on 4-7-2005. She reported injury to the right great toe and subsequently required amputation of the right toe and right first metatarsal joint. The diagnoses included status post right great toe amputation, segmental dysfunction, myofascial dysfunction, chronic low back pain with radiculopathy, chronic myofascial pain syndrome - cervical and thoracic spine, and chronic diabetes and mood disorder. Treatment to date has included activity modification, medication therapy, wound care as ordered, and psychological therapy. Currently, she complains of ongoing pain in the right foot and non-healing diabetic foot ulcer. Daily wound care was performed independently and under care of a wound care specialist. On 7-14-15, the physical examination documented an antalgic gait with a walking boot on the right foot. There was swelling and redness noted to the right foot with on open full thickness wound with possible muscle tendon involvement noted to be a grade II or III foot ulcer based on the Wagner Ulcer Classification Scale with possible infection. The plan of care included a prescription for Cymbalta 60mg #30 with seven refills and seven (7) medical management visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #30 with 7 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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, Antidepressants for treatment of MDD, Duloxetine (Cymbalta).

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Cymbalta is recommended as a first-line treatment option for MDD. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Per the medical records, it is noted that the injured worker has become depressed, fatigued, and very sad since she has been unable to work. However, the medical necessity of 8-month supply of Cymbalta cannot be affirmed as it does not allow for periodic reassessment. The request is not medically necessary.

**Medical management 7 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Office visits.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

**Decision rationale:** The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. Medical management is appropriate for the injured worker, however, the medical necessity of 7 visits cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for one visit. Therefore, the request is not medically necessary.