

Case Number:	CM15-0169948		
Date Assigned:	09/10/2015	Date of Injury:	09/29/2004
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

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 52 year old male who sustained an industrial injury on 09-29-2004 that resulted in a neck and thoracic injury. According to a Doctor's First Report of Occupational Injury Report dated 07-09-2015, the injured worker presented with moderate depression and anxiety. Objective findings included anxious mood and depressed affect. The treatment plan included psychotherapy for depression and anxiety and Cymbalta 30 mg #60. According to a progress report dated 07-30-2015, the injured worker reported that he was getting better. His anxiety had started to decrease. He was off Klonopin and started Cymbalta 30 mg a week prior and was increasing tomorrow. He presented with the following symptoms: depressed mood with anhedonia and reduction in libido, early insomnia, decreased attention and concentration, decreased appetite and weight loss, worthlessness, low energy and fatigue, irritability and anger. He denied suicidal ideation. He reported that he first felt sleepy but now had more insomnia. He recalls that this happened before, when he was taking Cymbalta. Diagnoses included unspecified anxiety disorder with post-traumatic stress disorder like symptoms, unspecified depressive disorder, narcissistic personality disorder features, chronic pain, sleep apnea, obesity, constipation and physical injury. The provider noted "slightly improved" and "Tolerates Cymbalta." The treatment plan included increase Cymbalta 60 mg change to every morning (30 mg #60) with 2 refills for depression, anxiety and chronic pain and start individual cognitive behavioral psychotherapy for depression and anxiety. He was to follow up in 1 month. Work status was per the primary treating physician. An authorization request dated 08-03-2015 was submitted for review. The requested services included increase Cymbalta 60 mg change to every

morning (30 mg, #60) for depression, anxiety and chronic pain, "please authorize 2 refills" and a follow up in 1 month. On 08-07-2015, Utilization Review non-certified the request for Cymbalta 60mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #60 with 2 refills: Overturned

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 PDR, Cymbalta.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of depression. The patient has documented diagnosis of depression. Therefore the request is medically necessary.