

Case Number:	CM15-0181835		
Date Assigned:	09/23/2015	Date of Injury:	11/25/2011
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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:

This is a 49 year old female with a date of injury on 11-25-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain to multiple areas of the body and related depression and anxiety. On 6-19-15 the injured worker reported feelings of sadness, fatigue, low self esteem, a sense of hopelessness, loss of pleasure in activities, social avoidance, decline in libido, feelings of emptiness and episodes of crying. She states that these symptoms started in 2011. On 8-13-15 the injured worker reported complaints of persistent anxiety, depression, insomnia, change in appetite and sweats. She was prescribed Cymbalta 30 mg 2 once per day and referred to orthopedic psychiatric and neurology AME as necessary. Request for authorization dated 8-18-15 is for Cymbalta 30 mg #60 no refills. Utilization review dated 8-25-15 non-certified the request for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60: 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 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 for anxiety and depression. The patient has documented symptomatic and ongoing depression and anxiety. Therefore the request is not medically necessary.