

Case Number:	CM15-0183390		
Date Assigned:	09/24/2015	Date of Injury:	11/04/2011
Decision Date:	11/06/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/17/2015

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 with a date of injury of November 4, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder, depressive disorder, insomnia related to anxiety, and chronic pain. Medical records dated August 13, 2015 indicate that the injured worker reported feeling better, getting good sleep without nightmares, and "I am doing fine". Records also indicate that the injured worker denied any pervasive or persistent symptoms. The physical exam reveals good eye contact, normal speech rate, volume, articulation and quality, minimally antalgic posture, full range of affect, logical and goal directed thought process, no delusions, no suicidal or homicidal ideation, fair attention and concentration, grossly intact memory, average general fund of knowledge, and fair insight and judgment. Treatment has included (cognitive behavioral therapy, group psychotherapy, and medications (Cymbalta 60mg at bedtime and Trazodone (decreasing) 25mg at bedtime noted to be continuing on August 13, 2015). The original utilization review (August 22, 2015) partially certified a request for Cymbalta 60mg #30 (original request for Cymbalta 60mg #30 with one refill) and three medication management visits (original request for six medication management visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs.2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends antidepressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with post-traumatic stress disorder, depressive disorder, insomnia related to anxiety, and chronic pain and is being treated with cognitive behavioral therapy, group psychotherapy, and medications including Cymbalta 60mg at bedtime and Trazodone which is being tapered to 25mg at bedtime. The request for Cymbalta 60mg with 1 refill does not specify the quantity being requested and thus is not medically necessary at this time.

Medication management visits X 6: 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), 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 health care 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." The injured worker has been diagnosed with post-traumatic stress disorder, depressive disorder, insomnia related to anxiety, and chronic pain and is being treated with cognitive behavioral therapy, group psychotherapy, and medications including Cymbalta 60mg at bedtime and Trazodone which is being tapered to 25 mg at bedtime. The request for Medication management visits X 6 is excessive since the injured worker is not on any medications that would require such close monitoring needing six more office visits. Thus, the request is not medically necessary at this time. It is to be noted that the UR physician authorized three medication management visits.