

Case Number:	CM15-0189183		
Date Assigned:	10/01/2015	Date of Injury:	01/24/2003
Decision Date:	12/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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 injured worker is a 62 year old female, who sustained an industrial injury on 01-24-2003. The injured worker was diagnosed as having major depression disorder-single episode-moderated, post-traumatic stress disorder and pain disorder associated with psycho, fact and general medical condition. On medical records dated 08-17-2015 and 02-09-2015, the subjective complaints were noted as anxiety, depression, diminished energy, irritability, low self-esteem, periods of crying, and sleep disturbance. Objective findings were noted as anxious, depressed, obviously physical discomfort and tearfulness. Beck depression inventory was noted as 22-24. Treatment to date included medication, laboratory studies and psychiatric care. The injured worker was noted to be retired. Current medications were listed as Cymbalta 30mg, Cymbalta 60mg, Doxepin 100mg and Lorazepam. The Utilization Review (UR) was dated 08-26-2015. A Request for Authorization for Cymbalta 30mg #30 with 3 refills, Cymbalta 60mg #30 with 3 refills, Doxepin 100mg #30 with 3 refills and Lorazepam 1mg #60 with 3 refills was submitted. The UR submitted for this medical review indicated that the requests for Cymbalta 30mg #30 with 3 refills, Cymbalta 60mg #30 with 3 refills, Doxepin 100mg #30 with 3 refills and Lorazepam 1mg #60 with 3 refills were all modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #30 with 3 refills: Overturned

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, antidepressants (therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The California MTUS section on Cymbalta states that is indicated in the treatment of neuropathic pain as a first line treatment agent. The patient has the diagnosis of ankle fracture with subsequent surgeries but no neuropathic pain diagnosis. However the patient does have the diagnosis of depression and this agent is also indicated as a first line treatment option for depression. Therefore the request is medically necessary.

Cymbalta 60mg #30 with 3 refills: Overturned

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, antidepressants (therapy).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The California MTUS section on Cymbalta states that is indicated in the treatment of neuropathic pain as a first line treatment agent. The patient has the diagnosis of ankle fracture with subsequent surgeries but no neuropathic pain diagnosis. However the patient does have the diagnosis of depression and this agent is also indicated as a first line treatment option for depression. Therefore the request is medically necessary.

Doxepin 100mg #30 with 3 refills: Overturned

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, antidepressants (therapy).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may

be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia and depression. Therefore the request is medically necessary.

Lorazepam 1mg #60 with 3 refills: 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, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.