

Case Number:	CM15-0194018		
Date Assigned:	10/07/2015	Date of Injury:	11/17/2008
Decision Date:	11/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/02/2015

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 36 year old female, who sustained an industrial-work injury on 11-17-08. A review of the medical records indicates that the injured worker is undergoing treatment for Complex regional pain syndrome (CRPS) of the lumbar spine and bilateral lower extremities (BLE), chronic pain syndrome, failed back surgery syndrome, status post spinal cord stimulator and anxiety and depression due to chronic pain. Treatment to date has included pain medication including morphine sulfate, Lyrica, Dilaudid, Gralise, MS Contin, Ambien, Senokot, Cymbalta since at least 4-13-15, Functional Restoration Program , back surgery, spinal cord stimulator, diagnostics, physical therapy and other modalities. Medical records dated (6-24-15 to 8-19-15) indicate that the injured worker complains of low back pain with radiation to the bilateral lower extremities (BLE). The pain is 6 out of 10 on the pain scale and has been unchanged. She also reports psychological symptoms of anxiety, depression, stress and insomnia. She reports that the quality of her life is limited due to pain. She also reports that her current medications provide 60 percent relief from pain and increase in her performance with activities of daily living (ADL). The current medications include Morphine ER, Dilaudid, Lyrica, Cymbalta and Senokot. The medical records also indicate worsening--improvement of the activities of daily living. Per the treating physician report dated 8-19-15 the injured worker has not returned to work and is temporarily totally disabled. The physical exam dated (6-24-15 to 8-19-15) reveals trigger points in the lumbar spine, decreased lumbar range of motion, and hyperesthesia and dysesthesia in the bilateral legs. The Kemp's test, Patrick (Fabere) test are positive bilaterally. The treating physician indicates that the urine drug test result dated 6-24-15 is positive for hydromorphone,

morphine, THC50 and medical marijuana. The request for authorization date was 8-19-15 and requested service included Cymbalta 60mg #60. The original Utilization review dated 9-25-15 non-certified the request for Cymbalta 60mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg one p.o. b.i.d #60: 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 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) Cymbalta is indicated for the injured worker's depression. Additionally, the injured worker suffers from constant low back pain rated 6/10 with radiation to the bilateral lower extremities down to the bilateral feet with associated numbness and tingling sensation as well as weakness and spasms. Anti-depressants are also indicated for neuropathic pain. I respectfully disagree with the UR physician's denial based upon a lack of quantifiable documentation of pain relief, sleep quality/duration, psychological assessment and functional benefit. The guidelines do not mandate this, and it is not practical to stop an antidepressant and restart in order to affirm this, especially when there can be a withdrawal phenomena from duloxetine. The request is medically necessary.