

Case Number:	CM15-0200920		
Date Assigned:	10/16/2015	Date of Injury:	02/08/2010
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California

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 56 year old male, who sustained an industrial injury on 02-08-2010. A review of the medical records indicates that the worker is undergoing treatment for cervical degenerative joint disease and disc herniations, failed back syndrome, revision lumbar spine surgery, major depressive disorder, pain disorder associated with psychological factors and general medical condition and anxiety disorder. The injured worker underwent excisional debridement of necrotic tissue of posterior lumbar wound with completion of posterior instrumentation, placement of titanium rods and completion of posterior fusion L4-S1 using autograft. Subjective complaints (07-14-2015) included moderate to severe back pain with numbness and tingling to the lower extremities with night sweats and concern for infection was noted. Objective findings (07-14-2015) showed muscle spasms of the paracervical and paralumbar musculature, tenderness over the paracervical and paralumbar musculature, decreased range of motion of the cervical spine and positive straight leg raise bilaterally at 70 degrees. In a psychological qualified medical examiner report on 07-14-2015 the worker was reporting depression, anxiety, irritability and low self-esteem triggered by increased in pain or inability to do simple tasks as well as poor quality sleep, low energy level and impairment in memory and concentration. Pain was rated as 7-9 out of 10. Subjective complaints (09-01-2015) included pain of 6 out of 10 that was noted to be improved with Gabapentin, Wellbutrin and Duloxetine and the physician noted that the worker had weaned himself off Oxycodone, however the pain level was not quantified and there was no documentation of the duration of pain relief obtained with Duloxetine. Objective findings (09-01-2015) included an antalgic gait, decreased

range of motion of the lumbar spine and decreased motor strength of the right hip. The injured worker was noted to be seen by a psychologist who had recommended cognitive behavioral therapy for anxiety and depression. Treatment has included Gabapentin, Wellbutrin, Duloxetine (since at least 03-17-2015), Oxycodone, Naproxen and cognitive behavioral therapy, physical therapy and surgery. A utilization review dated 09-17-2015 non-certified a request for Duloxetine 60 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg quantity 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Duloxetine is an SSRI. It is indicated for major depression. The claimant does have anxiety and depression which is maintained with Duloxetine and Wellbutrin. The claimant has seen a psychologist who recommended CBT. Although, there is no documentation that the claimant has undergone CBT, the claimant would still require an SSRI to co manage the symptoms of chronic depression. The continued use of Duloxetine is appropriate.