

Case Number:	CM15-0206349		
Date Assigned:	10/23/2015	Date of Injury:	09/10/2012
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 47-year-old female, who sustained an industrial injury on September 10, 2012. The injured worker was diagnosed as having closed head injury with concussion, post-concussion syndrome with features consistent with organic brain injury, Irlen syndrome with light sensitivity secondary to closed head injury, status post nasal fracture with unsuccessful nasal surgery, muscle contraction and vascular headaches, post traumatic stress disorder with anxiety, depression, short fuse, and sleep difficulty, post traumatic brain injury with blindness to the right eye, and cervical strain with cervical disc disease. Treatment and diagnostic studies to date has included medication regimen, laboratory studies, electrodiagnostic study, above noted procedure, and at least 4 sessions of psychotherapy. In a progress note dated September 24, 2015 the treating physician reports complaints of "severe" headaches, light sensitivity, ongoing blindness to the right eye, drooping of the left eye secondary to pain, bleeding daily secondary to treated nasal fracture, and post traumatic stress disorder. The examination performed on September 24, 2015 was unrevealing for abnormalities. The injured worker's medication regimen on September 24, 2015 included Cymbalta (since at least prior to March 07, 2014) for the post traumatic stress disorder and Norco for chronic pain. The injured worker's pain level on September 24, 2015 was rated a 6 to 9 out of 10. The psychology progress note from May 07, 2015 noted the examination to be revealing for to be anxious with the mood and an agitated affect that was also noted during the session on February 13, 2015. On September 24, 2015, the treating physician requested Cymbalta 60mg with a quantity of 30 with 2 refills noting current

use of this medication for post traumatic stress disorder. On October 08, 2015, the Utilization Review denied the request for Cymbalta 60mg with a quantity of 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress /PTSD pharmacotherapy.

Decision rationale: Per MTUS, "Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. (Saarto- Cochrane, 2007) (ICSI, 2007) Other recent reviews recommended both tricyclic antidepressants and SNRIs (i.e., duloxetine and venlafaxine) as first line options." Per ODG, "PTSD pharmacotherapy: Recommended as indicated below. Monotherapy: Strongly recommend selective serotonin reuptake inhibitors (SSRIs) for the treatment of PTSD. (VA/DoD, 2004) (Stein, 2000) Recommend tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) as second-line treatments for PTSD. (Stein, 2000) (Hawton-Cochrane, 2002) Consider an antidepressant therapeutic trial of at least 12 weeks before changing therapeutic regimen. (Martenyi, 2002) Consider a second-generation (e.g., nefazodone, trazodone, venlafaxine, mirtazapine, bupropion) in the management of PTSD. (Hidalgo, 1999)" Per guidelines, Cymbalta is not recommended as the first line treatment of Post Traumatic Stress Disorder and thus is not medically necessary. The injured worker was diagnosed as having closed head injury with concussion, post-concussion syndrome with features consistent with organic brain injury.