

Case Number:	CM15-0208282		
Date Assigned:	10/27/2015	Date of Injury:	04/22/2009
Decision Date:	12/10/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/22/2015

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

Certification(s)/Specialty: Emergency Medicine

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 male, who sustained an industrial injury on 4-22-2009. The injured worker was diagnosed as having major depression, single episode, and post-traumatic stress disorder. Additional diagnoses (neurology) included left upper extremity chronic regional pain syndrome, left upper extremity post-traumatic neuropathy, left radial and medial motor neuropathy, and left shoulder impingement. Treatment to date has included diagnostics, mental health treatment, and medications. On 9-22-2015, the injured worker complains of frustration for the last 2 months due to lack of approval for his medications. He reported now being more depressed, increased feelings of hopelessness, and insomnia, sleeping only 4 hours at a time. Function with activities of daily living was not described. Mental status exam noted that he was alert and oriented and had a neat appearance. Thought productivity and cognition were within normal limits. There was no loosening of associations or flight of ideas, no suicidal or homicidal ideations, and no somatic preoccupations. The treatment plan included to start Cymbalta 30mg every morning, start Seroquel 25mg at bedtime, and start Neurontin 100mg three times daily. His status was permanent and stationary per psychiatry. Medications on 6-16-2015 were documented as Cymbalta 60mg every morning, Prazosin at bedtime, Neurontin 300mg three times daily, and Abilify 2mg every morning. Complaints on 6-16-2015 included "a number of somatic preoccupation", "gastrointestinal upset at times", and "sleeping 6 hours a night". The use of Neurontin and Cymbalta was referenced since at least 6-2014. On 10-02-2015 Utilization Review non-certified a request for Cymbalta 30mg #30 with 4 refills, Seroquel 25mg #30 with 4 refills, and Neurontin 100mg #90 with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg 1 PO every AM #30 with 4 refills: Upheld

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 rationale: Review of records show extensive and complex claims history with issues concerning which body part and psychiatric coverage. This independent medical review will only review these requests based entirely from a medical necessity standpoint. This IMR does not take sides into determination if a specific complaint is covered by insurance. Cymbalta/Duloxetine is a type of SNRI anti-depressant medication. As per MTUS Chronic pain guidelines, anti-depressants may be considered for neuropathic pain especially with concurrent depression. There is no documented objective improvement in pain or function although patient has been noted to be stable on current regiment. There is no noted improvement in depressive symptoms. There is lack of documentation of objective improvement despite being on this medication. It may be beneficial but the documentation fails to support use of Cymbalta. The number of refills requested is inappropriate as it would provide patient up to 5months of unmonitored medications which violates MTUS guidelines concerning monitoring and reporting. Cymbalta is not medically necessary.

Seroquel 25mg 1 PO every HS #30 with 4 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) Work Loss Data Institute (20th annual edition) 2015, Mental Illness & Stress Chapter.

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

Decision rationale: Review of records show extensive and complex claims history with issues concerning which body part and psychiatric coverage. This independent medical review will only review these requests based entirely from a medical necessity standpoint. This IMR does not take sides into determination if a specific complaint is covered by insurance. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, it is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. It may be useful to augment antidepressant treatment in treatment refractory patients. Documentation is incomplete and does not provide any rationale as to why patient was prescribed this medication. Pt was previously on Abilify, on another antipsychotic. Patient has no psychotic symptoms and poor documentation not supporting this

request. The number of refills requested is inappropriate as it would provide patient up to 5months of unmonitored medications which violates MTUS guidelines concerning monitoring and reporting. Seroquel is not medically necessary.

Neurontin 100mg 1 PO three times a day #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication chronically with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Patient has diagnosis of neuropathic condition that may benefit from this medication but poor documentation of objective benefit is lacking. The number of refills requested is inappropriate as it would provide patient up to 5months of unmonitored medications which violates MTUS guidelines concerning monitoring and reporting. Gabapentin is not medically necessary.