MAXIMUS Federal Services

Case Number:	CM15-0209307		
Date Assigned:	10/28/2015	Date of Injury:	12/31/2004
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 70 year old male, who sustained an industrial injury on 12-31-2004. The injured worker is being treated for cervical and lumbosacral radiculopathy, shoulder impingement, elbow tendinitis-bursitis, hip tendinitis-bursitis, cervical sprain-strain, and chronic pain with mixed anxiety and depressed mood. Treatment to date has included surgical intervention of the lumbar spine (bilateral L2-L5 decompression on 2-23-2015), and right rotator cuff repair x2, physical therapy, diagnostics, cervical and lumbar epidural steroid injections, medications, ice and heat application, activity modifications and work restrictions. Per the Primary Treating Physician's Progress Report dated 8-26-2015 the injured worker reported neck pain with radiation to the arms and hands with episodes of numbness and tingling in the hands and arms with associated frequent headaches and stiffness in the neck. He also reported pain in the upper and lower back that travels to his legs and feet. Per the Psychiatric office evaluation dated 6-24-2015, he reported 7 out of 10 neck and back pain. His current medications include Lidoderm patches, Lyrica, Cymbalta, Seroquel, hydrocodone, Tizanidine and zolpidem. The mental status exam showed the IW to be appropriate, coherent and denied any thoughts about hurting himself or others or perceptual disturbances, impulse controls currently fair and he is redirectable. His mood is described as "so-so" and he reports, "I am still in pain." His affect is mood congruent. The notes from the provider do not document efficacy of the prescribed medications. The IW last worked since 2010. The plan of care included Seroquel and Cymbalta and authorization was requested for Seroquel XR 150mg #30 with 2 refills and Cymbalta 60mg #30 with 2 refills. On 9-29-2015, Utilization Review modified the request for Seroquel XR 150mg #30 with 2 refills and Cymbalta 60mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 150 MG #30 x 2: 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).

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, Atypical antipsychotics and Other Medical Treatment Guidelines Seroquel prescribing information.

Decision rationale: The claimant has a remote history of a work injury in December 2004 when he developed low back pain. He had multiple epidural steroid injections and underwent lumbar spine surgery in February 2015. He has a history of diabetes with neuropathy, obstructive sleep apnea, and major depressive disorder. He was seen by the requesting provider in June 2015. Medications included Cymbalta, Seroquel, and zolpidem. He was sleeping 6 hours with medications. He was having pain rated at 7/10. He had a mood-congruent affect. Seroquel and Cymbalta were prescribed. Seroquel (quetiapine) is an antipsychotic medicine used to treat schizophrenia, bipolar disorder, and is used together with antidepressant medications to treat major depressive disorder. In this case, the claimant has a history of major depressive disorder and is also taking the antidepressant Cymbalta. When seen his depression appeared to be under control. Continued prescribing was medically necessary with reassessment expected at the next follow-up.

Cymbalta 60 MG #30 x 2: Overturned

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 rationale: The claimant has a remote history of a work injury in December 2004 when he developed low back pain. He had multiple epidural steroid injections and underwent lumbar spine surgery in February 2015. He has a history of diabetes with neuropathy, obstructive sleep apnea, and major depressive disorder. He was seen by the requesting provider in June 2015. Medications included Cymbalta, Seroquel, and zolpidem. He was sleeping 6 hours with medications. He was having pain rated at 7/10. He had a mood-congruent affect. Seroquel and Cymbalta were prescribed. Cymbalta (duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, the claimant has been taking this medication on a long-term basis. He has three indications for this medication, major depressive disorder, diabetic peripheral neuropathy, and neuropathic pain due to his spina condition. When seen, his depression appeared to be under control and no other antidepressant medication was being prescribed. Continued prescribing was medically necessary with reassessment expected at the next follow-up.