

Case Number:	CM15-0082474		
Date Assigned:	05/01/2015	Date of Injury:	06/27/2006
Decision Date:	05/04/2015	UR Denial Date:	04/13/2015
Priority:	Expedited	Application Received:	04/29/2015

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:

Injured worker is a 48 year old with date of injury 6/27/2006. Date of the UR decision was 4/13/2015. Per progress report dated 8/1/2014, the injured worker presented with subjective complaints of poor sleep due to pain and his depression was reported to be "bit better." Objective findings indicated that he had been continued on the same medications for 2 years and that it was medically necessary to continue the medications. He was diagnosed with Major Depressive Disorder, Insomnia type sleep disorder due to pain and Male Erectile Disorder due to pain. Per that report, the injured worker was prescribed Cymbalta 60 mg every morning for depression # 30; Klonopin 2 mg three times daily for anxiety #90 and Lunesta 3 mg nightly for insomnia #30. Per report dated 6/30/2014, the injured worker had completed some psychotherapy treatment so far. Psychological testing performed at that visit revealed a Beck Depression Inventory score of 69 indicating severe levels of depression, Beck Anxiety Score of 63 indicating severe levels of anxiety. He was given the diagnoses per that report of Major depressive disorder, single episode, moderate to severe, persistent; Psychological factors affecting another medical condition; Somatic symptom disorder with predominant pain and Erectile disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg 1 QAM #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation, Online Edition, Chapter: Mental Illness and Stress-Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Per MTUS 'Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007) No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. (Dworkin, 2007) More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. Side effects: CNS: dizziness, fatigue, somnolence, drowsiness, anxiety (3% vs. 2% for placebo), insomnia (8-13% vs. 6-7% for placebo). GI: nausea and vomiting (5-30%), weight loss (2%). ODG states, MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors(SSRIs), because of demonstrated effectiveness and less severe side effects. The request for Cymbalta 60mg 1 QAM #30 is not medically necessary as there is no documentation of objective functional improvement with the ongoing use of this medication. Per Psychological testing performed on 6/30/2014 revealed a Beck Depression Inventory score of 69 indicating severe levels of depression, Beck Anxiety Score of 63 indicating severe levels of anxiety. The injured worker continues to suffer from severe levels of depression and anxiety despite being continued on Cymbalta for 2 years. The medication is not clinically indicated based on the lack of progress from it.

Klonopin 2mg 1 TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physician's Progress Reports, the injured worker has been prescribed Klonopin 2 mg three times daily on an ongoing basis for about 2 years with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should

be limited to 4 weeks. The ongoing use of Benzodiazepines beyond 4 weeks is not recommended per the guidelines. Thus, the request for Klonopin 2mg 1 TID #90 is excessive and not medically necessary.

Psychotropic Medication Management 1x month x 9 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7- Independent Medical Examinations and Consultations.

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, Office visits Stress related conditions.

Decision rationale: ODG states 'Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. 'The injured worker has been diagnosed with Major Depressive Disorder, Insomnia type sleep disorder due to pain and Male Erectile Disorder due to pain per the report dated 8/1/2014 and has been prescribed Lunesta, Cymbalta and Klonopin. Medications such as Klonopin and Lunesta are not indicated for long term use. However, they seem to have been prescribed for at least 2 years so far. Medications such as Cymbalta do not required close monitoring such as needing once monthly visits which are being requested in this case. Thus, the request for Psychotropic Medication Management 1x month x 9 months is excessive and not medically necessary.