

Case Number:	CM14-0170991		
Date Assigned:	10/23/2014	Date of Injury:	07/23/2006
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/16/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38-year-old female customer service representative at [REDACTED] who sustained an industrial injury on July 23, 2006. On the date of the injury the patient lifted an electric wheelchair onto a belt loader and felt immediate pain in her neck. The patient is status post cervical fusion on May 1, 2012. Prior to her surgery, the patient had pain radiating down her left upper extremity. Post-surgery, the radiating pain resolved. However, she continues with neck pain and post-surgical migraines. June 18, 2013 psychiatric panel Qualified Medical Exam (QME) diagnosed the patient with major depressive disorder, single episode, moderate, chronic; status post anterior cervical discectomy, migraine headaches, orthopedic pain, and gastrointestinal symptoms. It is noted that the patient continues to experience significant depressive symptoms in connection with her ongoing orthopedic pain and limitations. Her orthopedic injury has been a life-changing event, and she remains frustrated and worried about her health condition and her occupational future. November 27, 2013 orthopedic examination noted ROS positive for of depression. It was also noted that the medication is taking Cymbalta. Reports by the patient's psychiatrist note that that Cymbalta is effective for the patient's pain, depression and anxiety. Utilization Review dated September 24, 2014 non-certified the request for Cymbalta 20 mg number 60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #60 with two refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15.

Decision rationale: Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Cymbalta is also an SNRI which is recommended first-line treatment for chronic pain. The development of anxiety and depression post injury has been documented in the medical records. There is also indication that this medication has been effective in the treatment of pain, anxiety and depression. As such, the request for Cymbalta 20mg #60 with two refills is medically necessary.