

Case Number:	CM14-0092374		
Date Assigned:	09/12/2014	Date of Injury:	07/20/2011
Decision Date:	10/14/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 injured worker is a 41 year old female who reported injury on 07/20/2011, the mechanism of injury was due to her slipping and falling while at work. The diagnoses included chronic pain syndrome, depressive disorder, anxiety state, obesity, persistent disorder of initiating or maintaining sleep, chronic postoperative pain and reflux esophagitis. Past treatments included surgery, medication and physical therapy. Diagnostic studies included an x-ray on 07/20/2011 of the right ankle, an x-ray of the right ankle on 04/16/2012, a CT on 04/27/2014 of the right ankle, and an MRI on 02/06/2013 of the right ankle. The injured worker was status post open reduction and internal fixation of the right ankle on 08/02/2011 and removal of hardware in the right ankle on 11/15/2011. On 05/22/2014 the injured worker complained of right ankle pain rated 0/10. She noted her pain was dependent on the amount of activity she did and her pain sometimes reached 8/10. Her usual pain was 6/10. She noted that her sleep, functionality, and medication usage were the same from a previous exam that stated her sleep pattern was improved, her functionality was better, but her medication usage had increased. The physical exam findings included full range of motion and allodynia to pressure. Right ankle flex and toe flex had good strength, knee jerk and ankle jerk were +1, and her gait was normal. Medications included Cymbalta 90 mg, Norco 10/325mg, Naprosyn 500mg, Valtrex 1000mg, Wellbutrin XL 300mg, Lansoprazole 30mg, and Ropinirole HCL 0.25mg. The treatment plan noted to continue medications and recheck in 3 months. The rationale for the request was for chronic postoperative pain. The request for authorization form was provided on 05/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 90mg Qty: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 -14.

Decision rationale: The request for Cymbalta 90mg with a quantity of 270mg is not medically necessary. The injured worker has history of chronic pain syndrome, depressive disorder, sleep disorder and anxiety. The California MTUS guidelines recommend anti-depressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. It is recommended as an option in depressed patients, but effectiveness is limited. Additionally, the guidelines state an assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation especially that which would affect work performance should be assessed. The injured worker complained of 0/10 ankle pain. She noted her pain was dependent on the amount of activity she did and her pain sometimes reached 8/10. Her usual pain was 6/10. She noted that her sleep, functionality and medication usage is the same from a previous exam that stated her sleep pattern was improved, her functionality was better, but her medication usage had increased. She also stated that her medications were helpful in decreasing her pain; however, the need for ongoing use of Cymbalta cannot be established, as there is evidence of simultaneous use of other anti-depressants, including Effexor and Welbutrin as well as opiates and NSAIDs for over a 9 month period that have provided improvement in her functional status and sleep pattern since her last medical exam; the injured worker's need for multiple antidepressant medications is not demonstrated within the medical records. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. As such, the request for Cymbalta 90mg with a quantity of 270mg is not medically necessary.