

Case Number:	CM15-0110381		
Date Assigned:	06/16/2015	Date of Injury:	04/01/2011
Decision Date:	09/15/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/08/2015

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:

The injured worker is a 57 year-old female who sustained an industrial injury on 04-01-11. She reported knee pain status post fall. Her diagnoses include bilateral knee medial meniscus tear and degenerative joint disease, status post bilateral knee surgeries with chronic pain, lumbar spine degenerative disc disease and facet arthropathy with foraminal stenosis, chronic low back pain with bilateral radicular pain, right hip osteoarthritis with pain, and chronic pain syndrome with depression. Diagnostic testing and treatment to date has included MRI, x-rays, knee brace, cortisone injection, knee surgery, physical therapy, psychological evaluation, and symptomatic medication management. Currently, the injured worker reports improved energy while on current medication regimen with decreased depression and improved coping skills with chronic pain. The treating physician reports she had no acute distress but had anxiety and depressed mood. Her gait is impaired and she ambulates with a cane. Requested treatments include Duloxetine HCl 60 mg #90. The injured worker is under temporary partial disability. Date of Utilization Review: 05-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine HCL 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) 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 injured worker has been diagnosed with bilateral knee medial meniscus tear and degenerative joint disease, status post bilateral knee surgeries with chronic pain, lumbar spine degenerative disc disease and facet arthropathy with foraminal stenosis, chronic low back pain with bilateral radicular pain, right hip osteoarthritis with pain, and chronic pain syndrome with depression which she encountered status post an industrial related fall. She has been evaluated, treated so far with various modalities including diagnostic radiology, knee brace, cortisone injection, knee surgery, physical therapy, psychological evaluation, and symptomatic medication management. She is being prescribed which has resulted in some subjective improvement in terms of depression. However, there is no evidence of objective functional improvement with the continued use of this medication. Thus, the request for Duloxetine HCL 60mg #90 is excessive and not medically necessary. As the requested medication is not indicated, the request is not medically necessary.