

Case Number:	CM15-0126156		
Date Assigned:	07/10/2015	Date of Injury:	03/18/2012
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who sustained an industrial injury on 3-18-12. The injured worker was diagnosed as having major depressive disorder and sleep disorder. Currently, the injured worker was with complaints of chronic depression. Previous treatments included selective serotonin reuptake inhibitors and psychotherapy. Previous diagnostic studies were not noted in the provided documentation. The injured work status was noted temporary total disabled. The injured workers pain level was not noted. Physical examination was notable for affect noted to be fearful, anxious, sad and depressed, thought process was noted to be goal directed, thought content was future oriented, insight and judgment were intact. The plan of care was for Duloxetine 30 milligrams 1 daily x 7 days, 2 daily x 7 days, 3 daily x 7 days (no quantity), Duloxetine 60 milligrams daily (no quantity) and Alprazolam 1 milligrams up to 4 times a day as needed (no quantity).

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg 1 daily x 7 days, 2 daily x 7 days, 3 daily x 7 days (no quantity):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 15, and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: The patient presents with depression. The request is for DULOXETINE 30 MG 1 DAILY x 7 DAYS, 2 DAILY x 2 DAYS, 3 DAILY x 7 DAYS (NO QUANTITY). Per 05/29/15 progress report, patient's diagnoses include MDD and sleep disorder. Patient's medications, per 03/18/15 progress report include Alprazolam, Celebrex, Citalopram, Gabapentin, Oxycontin, Percocet, and Soma. Patient's work status was not specified. MTUS guidelines page 15, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) section has the following regarding Duloxetine: "Duloxetine (Cymbalta) is 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... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The treater has not specifically discussed this request; no RFA was provided either. Review of the medical records provided does not indicate a prior use of this medication and it appears that the treater is initiating it. Patient is diagnosed with major depressive disorder. Per 01/16/15 QME report, patient is unable to get comfortable sleep and states that she [patient] cannot handle her emotions. Given the patient's diagnosis and mental condition, a trial of Duloxetine is indicated and supported by the guidelines. Therefore, the request IS medically necessary.

Duloxetine 60mg daily (no quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 15, and 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: The patient presents with depression. The request is for DULOXETINE 60 MG DAILY (NO QUANTITY). Per 05/29/15 progress report, patient's diagnoses include MDD and sleep disorder. Patient's medications, per 03/18/15 progress report include Alprazolam, Celebrex, Citalopram, Gabapentin, Oxycontin, Percocet, and Soma. Patient's work status was not specified. MTUS guidelines page 15, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) section has the following regarding Duloxetine: "Duloxetine (Cymbalta) is 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... Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." The treater has not specifically discussed this request; no RFA was provided either. Review of the medical records provided does not indicate a prior use of this medication and it appears that the treater is initiating it. Patient is diagnosed with major depressive disorder. Per 01/16/15 QME report, patient is unable to get comfortable sleep and states that she [patient] cannot handle her emotions. Given the patient's diagnosis and mental

condition, a trial of Duloxetine is indicated and supported by the guidelines. Therefore, the request IS medically necessary.

Alprazolam 1mg up to 4 times a day as needed (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with depression. The request is for ALPRAZOLAM 1 MG UP TO 4 TIMES A DAY AS NEEDED (NO QUANTITY). Per 05/29/15 progress report, patient's diagnoses include MDD and sleep disorder. Patient's medications, per 03/18/15 progress report include Alprazolam, Celebrex, Citalopram, Gabapentin, Oxycontin, Percocet, and Soma. Patient's work status was not specified. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. Tolerance to hypnotic effects develops rapidly. The treater has not specifically discussed this request; no RFA was provided either. In 05/29/15 progress report, it is stated that the patient is in so much pain that she is unable to do much of her housework. Review of the medical records provided indicates that the patient has been utilizing this medication since at least 03/18/15. However, treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. Furthermore, MTUS does not support long-term use of this medication owing to dependency risk and loss of efficacy. Therefore, the request IS NOT medically necessary.