

Case Number:	CM15-0174302		
Date Assigned:	09/16/2015	Date of Injury:	02/11/2009
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 71-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of February 11, 2009. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Cymbalta while apparently approving a request for Tylenol. The claims administrator referenced a July 30, 2015 date of service in its service in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, it was acknowledged the applicant was not working. Cymbalta, Naprosyn, and Prilosec were endorsed. The applicant reported 8/10 low back pain complaints radiating to the left leg. The applicant reported poor quality sleep. The applicant exhibited a visibly antalgic gait. It was not clearly stated whether the applicant was using Cymbalta for chronic pain purposes or depressive purposes. An RFA form dated April 21, 2015, however, suggested that the Cymbalta was being employed for chronic pain syndrome. On January 2, 2015, the applicant reported complaints of low back, left hip, and left leg pain, 9/10. The applicant was not working, it was reported. The applicant was seemingly asked to employ Cymbalta at this point. Once again, it was not clearly stated whether the applicant was intent on employing Cymbalta for chronic pain purposes or depressive purposes, although it was suggested (but not clearly stated) whether the applicant was employing Cymbalta for depression on this date. On June 25, 2015, the applicant reported 9/10 low back pain radiating to the left leg. The applicant was on Cymbalta. The applicant contended that Cymbalta had ameliorated her mood, but had failed to attenuate her pain complaints. The applicant was described as somewhat

anxious, but nevertheless well communicative in the clinic. The applicant was well-groomed, it was reported. The applicant was asked to continue Cymbalta and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for Cymbalta, an atypical antidepressant, was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402, antidepressants such as Cymbalta may be helpful may be in alleviating symptoms of depression, as were seemingly present here. The attending provider reported on July 25, 2015 that ongoing usage of Cymbalta had augmented the applicant's mood. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.