

Case Number:	CM15-0179361		
Date Assigned:	09/21/2015	Date of Injury:	09/08/2012
Decision Date:	10/23/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/11/2015

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, Florida, 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 injured worker is a female, who sustained an industrial injury on 9-8-2012. The injured worker was diagnosed status post crush injury, complex regional pain syndrome-reflex sympathy dystrophy, neuromas, internal right knee derangement, lumbar strain-sprain, chronic metatarsalgia right foot. The request for authorization is for: Cymbalta 60mg #120. The UR dated 9-9-2015: non-certified the request for Cymbalta 60mg. On 7-30-2015, she reported pain to the right knee and low back. Current medications are Cymbalta 60mg daily. On 9-8-2015, she reported increased right foot and ankle pain. She is reported to be severely depressed "to the point where she can barely get out of bed, and requires psychiatric management as soon as possible". She rated right knee pain 2 out of 10 at rest and 4-5 out of 10 with activity. She also reported low back pain rated 3 out of 10 at rest and 5 out of 10 with activity. Her current medications are Cymbalta 60mg daily. Physical examination revealed moderate tenderness to the right ankle, instability to the hindfoot, tenderness to the low back with spasms, and tenderness to the right knee. There is no assessment of her sleep hygiene, sleep quality and duration. The records do not discuss efficacy of the Cymbalta or improvement in her functional status with the use of this drug. The treatment and diagnostic testing to date has included: medication, neuroma removal, and crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: Key case points are as follows. The claimant was injured in 2012 status post crush injury, complex regional pain syndrome-reflex sympathy dystrophy, neuromas, internal right knee derangement, lumbar strain-sprain, chronic metatarsalgia right foot. As of July, there was pain to the right knee and low back. She is reported to be severely depressed "to the point where she can barely get out of bed, and requires psychiatric management as soon as possible". The records do not discuss efficacy of the Cymbalta or improvement in her functional status with the use of this drug. The current California web-based MTUS collection was reviewed in addressing this request. The ODG was also used for clarity. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is appropriately not medically necessary.