

Case Number:	CM15-0067280		
Date Assigned:	04/14/2015	Date of Injury:	11/28/2001
Decision Date:	05/20/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 56 year old male, who sustained an industrial injury, November 28, 2011. The injured worker received the following treatments in the past Norco, Celebrex, Oxycodone, Lansoprazole, Viagra, Zolpidem, Cymbalta, Xanax, lumbar spine MRI, lumbar epidural injection and dexamethasone. The injured worker was diagnosed with L5-S1 fusion 2006, low back pain and lumbar radiculopathy. According to progress note of March 3, 2015, the injured workers chief complaint was chronic low back pain. The injured worker stated the Cymbalta helped with the depression and mood swings. The back pain was aggravated by stress. The physical exam noted the pain was adequately controlled. The injured worker stated that if not doing anything strenuous or manual labor and just relaxing there was no back pain. The treatment plan included a prescription for Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg, 30 tablets dispensed on 1/26/15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Antidepressants for treatment of MDD, ODG, Mental Illness & Stress, Duloxetine (Cymbalta).

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Cymbalta is recommended as a first-line treatment option for MDD. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. Per the ODG guidelines with regard to antidepressants: 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Cymbalta is indicated for the injured worker's depression. While it is noted in the medical records that Cymbalta was not as effective for the injured worker's pain as the PTP hoped, it helped with depression and mood swings. I respectfully disagree with the UR physician, the request is medically necessary.