

<b>Case Number:</b>	CM15-0071138		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 (IW) is a 42-year-old female who sustained an industrial injury on 11/07/2007. Diagnoses include pain disorder associated with general medical condition and with psychological factors; major depressive disorder, recurrent, severe; chronic low back pain; lumbar radiculopathy and depression and anxiety related to chronic pain. Treatment to date has included medications, heat patches, TENS, chiropractic treatments, physical therapy, Tai Chi, acupuncture and an unsuccessful spinal cord stimulator trial. X-rays done 3/17/15 of the cervical, thoracic and lumbar spine showed flattening of the lateral cervical curvature accompanied by slight to moderate disc thinning at C5/C6 and slight to moderate scoliosis extending from the thoracolumbar junction to the sacral base. According to the progress notes dated 2/25/15, the IW reported headaches, problems with her teeth and gastrointestinal distress that did not occur prior to her injury. The provider indicated the IW had been off all pain medications for months and the pain was barely manageable. It was also noted the IW needed help around her apartment due to her inability to care for it herself. A request was made for prescription of Cymbalta 60mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cymbalta 60mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: 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." In the UR denial, the UR physician noted that the provider had previously disagreed with the previous UR denial of 120mg/day of duloxetine. The current UR denial asserts that this dose is only supported by guidelines for the treatment of fibromyalgia, which is a non-industrial condition. The latest progress report available for review dated 2/25/2015 indicates that the injured worker suffers from major depressive disorder, recurrent, severe and chronic pain. As the requested medication is indicated for these, the request for Cymbalta 60mg #60 is medically necessary.