

Case Number:	CM14-0126540		
Date Assigned:	08/13/2014	Date of Injury:	01/14/2008
Decision Date:	09/28/2015	UR Denial Date:	07/13/2014
Priority:	Standard	Application Received:	08/08/2014

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 59-year-old who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of January 14, 2008. In a Utilization Review report dated July 13, 2014, the claims administrator failed to approve a request for Cymbalta. The claims administrator referenced a July 8, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 13, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was using a cane to move about. The applicant was given refills of morphine, Norco, Cymbalta, and Amitiza. It was suggested that the applicant pursue cognitive behavioral therapy to ameliorate issues with depression. On February 3, 2014, the applicant was asked to continue Norco, Cymbalta, and MS Contin. It was suggested that the applicant was not working. The applicant reported ongoing issues with depression. No seeming discussion of medication efficacy transpired insofar as the applicant's usage of Cymbalta was concerned. On March 27, 2014, the applicant reported 7-8/10 pain complaints. The applicant also reported issues with mood disturbance. The applicant did state that she denied suicidal or homicidal ideations. The applicant was on morphine, Norco, Amitiza, and Cymbalta, it was reported, several of which were refilled. The attending provider contended that the applicant's medications were keeping her from being bedbound. The attending provider then stated that the claimant was not deriving appropriate benefit from her psychotropic medications. The claims administrator's medical evidence log seemingly suggested that the most recent note on file were in fact dated March 27, 2014 and March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Cymbalta, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants often take 'weeks' to exert their maximal effect, here, however, the applicant was seemingly using Cymbalta for what appeared to be a minimum of several months prior to the date of the request. It did not appear that ongoing use of Cymbalta had proven particularly beneficial. While the applicant denied any suicidal or homicidal ideation on March 27, 2014, the attending provider failed to outline other improvements in mood and/or function achieved as a result of ongoing Cymbalta usage. The applicant remained depressed and anxious, it was stated on that date. The applicant herself stated that she was not deriving appropriate benefit from her psychotropic medications, presumably including Cymbalta. Therefore, the request was not medically necessary.