

Case Number:	CM14-0144008		
Date Assigned:	09/12/2014	Date of Injury:	09/18/1991
Decision Date:	10/27/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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: 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:

This injured worker is a 57 year old female who reported an industrial injury on 9-18-1991. Her diagnoses, and or impressions, were noted to include: chronic pain syndrome; chronic lumbar back pain; lumbar degenerative disc disease; post-lumbar laminectomy syndrome; status-post lumbar and lumbosacral arthrodesis; and depression with generalized anxiety disorder. No current imaging studies were noted. Her treatments were noted to include: lumbar fusion-laminectomy surgery in 1999, and removal of some hardware in 2002; bilateral shoulder surgeries 1998; and medication management. The progress notes of 8-13-2014 reported an office visit for medication management; unchanged and stable pain in her right leg, bilateral buttocks, bilateral hips and bilateral low back, rated 2-6 out of 10 on medications, worsened by lifting, movements and activities, and made better by sleep, rest, heat, ice, and her current medication regimen, which continued to be helpful in increasing her daily function without causing intolerable side-effects; of a pain rating of 7 out of 10 without her medications; and of a tolerable pain level of 4 out of 10. Objective findings were noted to include: mild distress and not sitting due to pain; the complaints of anxiety and depression; and tenderness to the lumbosacral spine. The physician's requests for treatment were noted to include Cymbalta 60 mg CPEP (Duloxetine HCL) 2 PO daily (take with large meal or dinner), #60 x 0. The Request for Authorization, dated 8-13-2015, included the request for Cymbalta 60 mg CPEP (Duloxetine HCL), 2 PO daily (take with large meal or dinner), #60 x 0. The Utilization Review of 8-20-2014 non-certified the requests for Cymbalta 60 mg CPEP, 2 by mouth (take with large meal or dinner), quantity 60 with 0 refills, for symptoms related to lower back work injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta (Duloxetine HCL) 60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD, 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) With regard to medication history, the medical records indicate that the injured worker has been using this medication since 8/2014. Cymbalta is indicated for the injured worker's depression, and has also contributed to a reduction in VAS with regard to neuropathic pain. The request is medically necessary.