

Case Number:	CM14-0207696		
Date Assigned:	12/19/2014	Date of Injury:	08/12/2009
Decision Date:	12/15/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on 8-12-09. The medical records indicate that he injured worker has been treated for depression. She currently (11-17-14, the notes present are hand written and parts are illegible) remains depressed (she has been on Cymbalta 3 days due to delay in getting coverage per documentation). She has had no panic attacks since last visit (10-30-14). She has no thoughts of self-harm (10-30-14 note). Treatments to date include Cymbalta (since 11-15-14); therapy. The request for authorization was not present. On 12-2-14 Utilization review non-certified the request for Cymbalta 30mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #60 with 1 refill qty:120.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta).

Decision rationale: The patient presents with depression. The current request is for Cymbalta 30mg #60 with 1 refill qty: 120.00. The treating physician states, in a report dated 11/17/14, "Cont Cymbalta 30 mg daily." (4A) The MTUS guidelines support the usage of Cymbalta for anxiety, depression, diabetic neuropathy, and fibromyalgia. In this case the treating physician has documented that the patient has depression and has recommended continuation of Cymbalta which is supported by MTUS. The current request is medically necessary.