

Case Number:	CM13-0001042		
Date Assigned:	02/26/2014	Date of Injury:	03/29/2001
Decision Date:	05/28/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/09/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Wisconsin and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 66 year old female who was injured in 2001. She is treated for diagnoses of Major Depression and Bipolar disorder. She has been treated in the past with Atarax, Cymbalta and Pristiq but the details are not known. There is very little clinical current clinical information pertaining to the patient's psychiatric status. More recently the provider has requested coverage for Serzone, Depakote, and Neurontin, all with unknown quantities. The request was modified to only cover Serzone #90. This appears to be an appeal of the decision to deny coverage for the unknown quantity of Serzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERZONE - UNKOWN AMOUNT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

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

Decision rationale: Although Serzone is not specifically mentioned, antidepressant medications do have an evidence based indication in managing depression according to the above guideline. The guideline indicates that "brief courses of antidepressants may be helpful to alleviate

symptoms of depression; Antidepressants have many side effects and can result in decreased work performance or mania in some people". In this particular instance, payment for Serzone was authorized for a 90 day supply. The provider has not given any indication that there has been any monitoring for response or side effects. this is of particular concern given the diagnosis of bipolar disorder and the propensity for this medication to precipitate mania. Furthermore, there is no indication that continued treatment with this medication is necessary. Given the lack of data supporting continued use of antidepressant medication, medical necessity for any amount other than that already approved cannot be established.