

Case Number:	CM13-0016795		
Date Assigned:	11/06/2013	Date of Injury:	12/01/2010
Decision Date:	02/20/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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 case involves a 36 year old male who has been diagnosed with depressive disorder NOS. His date of injury was 12-1-2010. He has been treated with Ativan, wellbutrin, trazodone and celexa. He did not demonstrate a preference for psychotherapy or biofeedback. He has suffered from irritability, sad mood and a quick temper. He has had difficulty concentrating. The patient was on celexa at least from November 2012 until at least 7-26-13. He has been on Ativan since at least November 2012 until at least June 2013. He has been treated with wellbutrin since at least July 2012 until at least Jan 2013. The progress note by [REDACTED] from 2-13-2013 shows signs of improvement: "Anxiety, tension, irritability and quick temper most of the time has been reduced." The issue at hand is the medical necessity of: 1. CELEXA 40MG #30: 2. Decision for Ativan 2mg #120: 3. Decision for Wellbutrin XL 300mg #30:

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, SSRIs, Page(s): 107.

Decision rationale: Celexa is an SSRI. The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 CA MTUS (Effective July 18, 2009) on Page 107 of 127 address the use of SSRI medications as follows: "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references" This patient has both pain and depressive symptoms, which are closely intertwined. [REDACTED] has thoroughly documented in his progress notes that the patient needs antidepressants and was responding favorably to treatment. The progress note by [REDACTED] from 2-13-2013 shows signs of improvement: "Anxiety, tension, irritability and quick temper most of the time has been reduced." The guidelines support SSRI use for patients who have depression. Celexa 40 mg #30 is medically necessary.

Ativan 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 16,24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Page 24, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In the present case, the patient has been on benzodiazepines for over half a year. This vastly exceeds treatment guidelines. There was no documentation of an attempt to wean the patient off of Ativan. Because the guidelines limit treatment with benzodiazepines to 4-6 weeks, this request for ongoing Ativan is not medically necessary.

Wellbutrin XL 300mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

Decision rationale: [REDACTED] has thoroughly documented the patient's positive response to wellbutrin in his progress notes. The progress note by [REDACTED] from 2-13-2013 shows signs of improvement: "Anxiety, tension, irritability and quick temper most of the time has been reduced." The patient has been on wellbutrin for over 6 months and is tolerating it well. Together with Celexa, the patient appears to have a favorable treatment response to Wellbutrin. Per guidelines, it is medically necessary.