

Case Number:	CM13-0026004		
Date Assigned:	11/22/2013	Date of Injury:	12/06/2003
Decision Date:	02/12/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 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:

The patient is a 55-year-old female who reported an injury on 12/06/2003. The injury was noted to have occurred when she was attacked by a developmentally disabled adult whom she was caring for. Her diagnoses include major depressive disorder and pain disorder. Her medications are noted to include venlafaxine extended release 150 mg 3 tablets daily, sertraline 100 mg 2 tabs daily, trazodone 100 mg at bedtime, and Abilify 15 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor and ODG, Mental Illness and Stress, Antidepressants for tr.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: According to the Official Disability Guidelines, antidepressants are recommended for the initial treatment of major depressive disorder. Many treatment plans are noted to start with SSRIs, but other depressant medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine. The patient was noted in

her clinical information to have a diagnosis of major depressive disorder and is currently being treated with antidepressants including an SSRI and venlafaxine. Her symptoms are noted to be moderately controlled on her current medications. As venlafaxine is noted to be appropriate for the treatment of major depressive disorder according to the ODG, the request is supported. Therefore, the request for 1 prescription of Venlafaxine ER 150mg is certified.

Sertaline 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), SSRIs

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 (major depressive disorder).

Decision rationale: According to the Official Disability Guidelines, antidepressants are recommended for the initial treatment of major depressive disorder. Many treatment plans are noted to start with SSRIs because of demonstrated effectiveness and less severe side effects. Sertraline is an SSRI antidepressant. The clinical information submitted for review states that the patient has moderately controlled symptoms on her current medication regimen and she has not reported significant side effects. As the ODG states that SSRIs are appropriate in the treatment of major depressive disorder, the request is supported. Therefore, the request for 1 prescription of Sertaline 100mg is certified.

Trazodone 100mg: 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, Trazodone and Insomnia Treatment

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, Insomnia treatment

Decision rationale: The Official Disability Guidelines state that sedating antidepressants such as trazodone have also been used to treat insomnia; however, there is less evidence to support their use for insomnia. However, these medications may be an option in patients with co-existing depression. The patient is noted to have major depressive disorder and symptoms of insomnia, which has been noted to be treated with trazodone. The clinical information submitted for review suggests that this treatment has been effective for the patient and she has not reported significant side effects or tolerance. Therefore, the request is supported by Guidelines. As such, the request for 1 prescription of Trazodone 100mg is certified.

Abilify 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and National Collaborating Centre for Mental Health. Depression. The treatment and management of depression in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2009 Oct 64 p. (Clinical guideli

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; Aripiprazole (Abilify), Atypical antipsychotics

Decision rationale: The Official Disability Guidelines state that Abilify is not recommended as a first line treatment. It is noted to be an antipsychotic medication. The ODG further specifies that there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. It states that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. Therefore, the request for Abilify is not supported by Guidelines. As such, the request for 1 prescription of Abilify 15mg is non-certified.