

Case Number:	CM13-0059212		
Date Assigned:	12/30/2013	Date of Injury:	07/26/1999
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 59-year-old female who reported an injury on 07/26/1999. The mechanism of injury was not specifically stated. The patient is currently diagnosed with major depressive disorder, panic disorder and atypical depressive disorder. The patient was seen by [REDACTED] on 08/28/2013. Objective findings included a depressive affect. Treatment recommendations included the continuation of Pristiq, Latuda, BuSpar and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PRISTIQ 300MG: 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),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16..

Decision rationale: The California MTUS Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The Official Disability Guidelines state that Pristiq is recommended for depression and as an option in the first-line treatment of neuropathic pain if tricyclics are ineffective, poorly tolerated or are contraindicated. As per the documentation submitted, the patient has

continuously utilized this medication. Despite ongoing use, the patient continues to report depressive symptoms. The patient continued to demonstrate a depressed affect. Satisfactory response to treatment has not been indicated. As such, the ongoing use cannot be determined as medically appropriate. Therefore, the request is non-certified.

1 PRESCRIPTION OF LATUDA 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

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 Chapter, Atypical antipsychotics

Decision rationale: The Official Disability Guidelines state that atypical antipsychotics are not recommended as a first-line treatment. . As per the documentation submitted, the patient has continuously utilized this medication. There was no evidence of a failure to respond to first-line treatment prior to the initial of an atypical antipsychotic. As the guidelines do not recommend this medication as a first-line treatment, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

1 PRESCRIPTION OF BUSPAR 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter

Decision rationale: The Official Disability Guidelines recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on the specific diagnosis. As per the documentation submitted, the patient has continuously utilized this medication. Satisfactory response to treatment has not been indicated. Therefore, the ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.