

Case Number:	CM13-0059562		
Date Assigned:	12/30/2013	Date of Injury:	04/26/2010
Decision Date:	10/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 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:

There were 74 pages provided for this review. The application for independent medical review was signed on November 21, 2013. The request was for Zoloft, Norco and Celexa. Per the records provided, the patient had an unspecified anxiety state. This patient was injured November 26, 2010 after a motor vehicle accident. He developed head trauma and brain injury. There were multiple fractures. He also developed cognitive issues which required extensive therapy. As of October 25, 2011, he will remain on Zoloft chronically to treat back pain and depression. Celexa has been requested to transition the patient to Zoloft. He was treated for sprain injury on October 2, 2010. He was placed on Zoloft for behavior control. On July 14, 2011 he was in another accident causing more brain injury. On September 27, 2011 his Zoloft was discontinued and Celexa was started. On December 15, 2011 the provider noted that he needed to stay off of Zoloft. As of August 26, 2013 he was on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft refills x 4: Upheld

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

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

Decision rationale: Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. The documentation provided did not discuss the patient's current pain levels. There is no annotation a functional improvement with the medicine. There is no discussion of the reaction would benefit from the Celexa. He has been taking it over two years and has continued complaints. The request is not medically necessary.

Norco refills x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Celexa 10mg #30: Upheld

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

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

Decision rationale: As shared earlier, regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. The documentation provided did not discuss the patient's current pain levels. There is no annotation a functional improvement

with the medicine. There is no discussion of the reaction would benefit from the Celexa. It is not clear why the medicine is needed to bridge to another. The request is appropriately not medically necessary.