

<b>Case Number:</b>	CM13-0067291		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Neurology, has a subspecialty in Geriatric 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:

Records reviewed include 211 pages of medical and administrative records. The injured worker is a 55 year old female whose diagnosis is major depression single episode severe. Her date of injury is 12/06/2003 which was sustained during the course of working with developmentally disabled patients. She was leaving a room when a male patient pinned her to a wall and began hitting her. Since that time she has suffered from consistent sharp pain in her neck with radiation into both shoulders and down her right upper arm, as well as weakness in both arms. Her psychiatric symptoms began after the injury due to the pain, which she felt controlled her life. She lost interest in usual activities, had frequent crying episodes, and gained weight. Treatments received to date include physical therapy, epidural steroid injections, medications and psychotherapy approximately weekly to every other week since 02/2010. The patient had been under the care of [REDACTED] since 02/2010. Her symptoms at that time included feelings of uselessness, spending 80% of her time in bed, feeling like an extreme burden to her family, inability to be involved in her son's planning for college, and feelings of extreme depression. The most recent documentation available from providers was on 08/26/13, a report from [REDACTED], [REDACTED]: The patient's mood was sad and depressed and she continued to have crying spells. She was anxious, irritable, and apathetic, and spending time sleeping. She was isolated both socially and within her family. Medications were alprazolam, Butrans, hydrocodone, hydroxyzine as needed, Latuda as needed, Lyrica, Maxalt as needed, Miralax, Prevastatin, sertraline 200mg per day, venlafaxine XR 150mg 3 per day, and zolpidem 12.5mg 2 at bedtime. The overall picture presented is of a patient who has had little improvement in her major depressive symptomatology.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Venlafaxine ER 150mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, venlafaxine is an antidepressant of the class SNRI (serotonin noradrenaline reuptake inhibitor), which is recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders and is used off-label for neuropathic pain. This patient suffers from both major depressive disorder and neck pain radiating to both shoulders and into her upper extremities. Venlafaxine in this case would have the dual benefit of treating both her depressive disorder and the neuropathic pain. She has been prescribed this medication since at least 2011, and it would be considered to be medically appropriate. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified.

**Sertraline 200mg: 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 ODG, Mental Illness & Stress Chapter, Sertraline

**Decision rationale:** Per ODG, sertraline is recommended as a first-line treatment option for major depressive disorder. The patient has a diagnosed major depressive disorder and has shown a modicum of improvement manifested by the occasional reference such as taking interest in her garden again. It would be considered to be medically appropriate given the severity of her illness. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified.

**Sertraline 100mg: 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 ODG, Mental Illness & Stress Chapter, Sertraline

**Decision rationale:** Per ODG, sertraline is recommended as a first-line treatment option for major depressive disorder. The patient has a diagnosed major depressive disorder and has shown a modicum of improvement manifested by the occasional reference such as taking interest in her garden again. It would be considered to be medically appropriate given the severity of her illness. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. The patient is currently on sertraline 200mg and there is no mention of further titration planned, this request appears to be a redundancy. As such, this request is non-certified.

**Trazodone 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Trazodone

**Decision rationale:** Per ODG, Trazodone is recommended as an option for insomnia in patients with coexisting depression. Trazodone was approved in 1982 for the treatment of depression and has some action as an anxiolytic, off label uses include insomnia. Off label use increased steadily until it was the most frequently prescribed insomnia agent. It would be considered to be medically appropriate to treat the patient's insomnia given the severity of her illness. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified.

**Abilify 15mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Atypical antipsychotics

**Decision rationale:** Abilify falls under the class atypical antipsychotics. Per ODG, these are not recommended as a first line treatment except for its approved uses of schizophrenia and bipolar disorder. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests, and has shown that benefits are small while potential harm is abundant. A new NIMH funded study four of the most commonly prescribed antipsychotics (one of which was Abilify) were found to lack both safety and

effectiveness, and off label use in people over 40 should be short term and undertaken with caution. Given the patient's severity of her major depressive disorder, it would be considered to be medically appropriate to augment her antidepressant with Abilify. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified.

**Medication management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004) Stress related conditions, follow up visits, page 405, and the ODG, Mental Illness & Stress Chapter, Office Visits

**Decision rationale:** Per ACOEM, follow up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Failure to improve may be due to an incorrect diagnoses, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. Per ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment. This claimant is on multiple medications from varied classes of drugs. Good clinical practice dictates that regular office visits be conducted in order to monitor her progress, the presence of side effects, and the potential for drug:drug interactions. Medication management sessions are considered to be medically appropriate. However, there were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified.

**Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Cognitive Therapy for Depression

**Decision rationale:** MTUS addresses cognitive therapy for chronic pain: recommended. The initial trial is 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). Per ODG, cognitive therapy for depression is recommended. It has fared as well as antidepressant medication with severely depressed outpatients in 4 major comparisons, and another study showed that combined with medications it was found to be more effective than psychotherapy alone. ODG psychotherapy guidelines are up to 13-20 visits over 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe major depression up to 50 sessions if progress is being made. The patient has been receiving psychotherapy weekly to every other week since approximately since 2010, which well exceeds the recommended MTUS/ODG guidelines as delineated above. Furthermore records documenting the patient's functional improvement were scanty at best. There were no provider records submitted for review beyond [REDACTED] 08/26/13 report which would document subjective/objective findings, as well as outcomes and progress to date to indicate medical necessity. In addition, the quantity requested was not specified. As such, this request is non-certified