

Case Number:	CM14-0000951		
Date Assigned:	04/23/2014	Date of Injury:	04/10/2008
Decision Date:	05/27/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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:

The claimant, a 59 year old female with date of injury 4/10/2008. Date of UR decision was 12/27/2013. She underwent industrial injury resulting in chronic pain. She had an arthroscopic surgery of right shoulder joint, physical therapy. Started experiencing depression secondary to the injury in 12/2010. PR from 12/16/2013 lists subjective complaints of "Moderate to severe depression, though decreased from last visit, feels hopeless about being pain free, has medication side effects that include dry mouth and crying spells. Overall feeling better than before in areas of sadness, crying spells, hopelessness and trouble remembering and concentrating". Objective findings include "depression, anxiety, nervousness, hopelessness". Has been diagnosed with Major depressive disorder, single episode, moderate and Attention Deficit Hyperactivity Disorder, predominantly inattentive type. Current psychotropic medications include Xanax XR, celexa, wellbutrin, remeron and ambien. Evaluation from 08/10/2013 states that she has been seeing a Psychiatrist every 4-6 weeks, attended extended outpatient program in form of group therapy for psychological issues. Had an inpatient psychiatric hospitalization from 03/29/13-4/1/13. She has been on prn xanax and ambien since 2000. Her industrial psychiatric injury had reached maximum medical improvement per PR from 07/2/12 but "is in need for psychiatric and psychological treatment to prevent her condition from deteriorating."

IMR ISSUES, DECISIONS AND RATIONALES

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

WELLBUTRIN XL 300MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: ODG states that "Bupropion (Wellbutrin®) is recommended as a first-line treatment option for major depressive disorder." ODG also states "Antidepressants for treatment of MDD (major depressive disorder). 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach." The request for Wellbutrin xl 300 mg #30 is medically necessary.

REMERON 15MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Package Insert Remeron® (Mirtazapine).

Decision rationale: MTUS and ODG are silent about the use of remeron specifically. However, the guidelines do talk about the use of antidepressants for depression. FDA states "REMERON® (mirtazapine) Tablets are indicated for the treatment of major depressive disorder." The Injured Worker is currently on three different antidepressants including wellbutrin, celexa and remeron. The patient is experiencing some medication related side effects. Remeron is related to side effects such as sedation, dry mouth which are due to histamine receptor antagonism action. The request for Remron 15 mg #30 is not medical necessary.

CELEXA 40MG, #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIS, Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness, Antidepressants for treatment of MDD(major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors): 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." ODG states "Antidepressants for treatment of MDD (major depressive disorder). 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. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach." The Injured Workers complains of moderate to severe depression and continues to have neuro vegetative symptoms of depression per PR report from 12/16/2013. The request for Celexa 40 mg #30 is medical necessary.

AMBIEN 10MG, #15: 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), Chronic Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness, Zolpidem.

Decision rationale: ODG states "Zolpidem (Ambien) is not recommended for long-term use, but recommended for short-term use. See Insomnia treatment for zolpidem (brand names Ambien, Edluar, Intermezzo, Zolpimist). See also the Pain Chapter. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The request for Ambien 10 mg #15 is not medically necessary.

XANAX XR 1MG, #135: Upheld

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

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

Decision rationale: MTUS states "Benzodiazepines: 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). The Injured Worker has been on Xanax for extended period of time. MTUS recommends only short term use of benzodiazepines. The request for Xanax Xr 1 mg #135 is not medically necessary.