

Case Number:	CM14-0105241		
Date Assigned:	07/30/2014	Date of Injury:	10/13/2009
Decision Date:	09/29/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/08/2014

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:

Injured worker is a 55 year old female with date of injury 10/13/2009. Date of the UR decision was 6/28/2014. Report dated 6/16/2014 suggested that the injured worker suffers with Major Depressive disorder, severe anxiety, Post Traumatic Stress Disorder, insomnia. She continued to complain of pain on left side of the body, left shoulder, neck and arms. She was experiencing panic attacks and was prescribed Clonazepam with a plan to taper. It was indicated that the injured worker had been attending supportive, cognitive behavioral and group psychotherapy and had been following up with Psychiatrist for psychotropic medication management. It was suggested that she had gained 25 pounds since termination from work and because of increased depression. There are no Psychiatrist progress reports available that would indicate as to if the injured worker has been taking the requested psychotropic medications or if it is a new request. There is also no information available regarding what kind of progress she has made with these medications if she has been taking these medications or how long she has been on this treatment for, or any alternatives that have been tried for stabilizing her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupropion HCL XL 300mg: 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 (ODG), Stress and Mental Illness; Bupropion (Wellbutrin), Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Report dated 6/16/2014 suggested that the injured worker suffers with Major Depressive disorder, severe anxiety, Post Traumatic Stress Disorder, insomnia. She continued to complain of pain on left side of the body, left shoulder, neck and arms. She was experiencing panic attacks and was prescribed Clonazepam with a plan to taper. There are no Psychiatrist progress reports available that would indicate as to if the injured worker has been taking the requested psychotropic medications or if it is a new request. There is also no information available regarding what kind of progress she has made with these medications if she has been taking these medications or how long she has been on this treatment for, or any alternatives that have been tried for stabilizing her symptoms. Request for Bupropion HCL XL 300mg, unspecified quantity is not medically necessary.

Escitalopram 20mg tablet #45: 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 Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Report dated 6/16/2014 suggested that the injured worker suffers with Major Depressive disorder, severe anxiety, Post Traumatic Stress Disorder, insomnia. She continued to complain of pain on left side of the body, left shoulder, neck and arms. She was experiencing panic attacks and was prescribed Clonazepam with a plan to taper. There are no Psychiatrist progress reports available that would indicate as to if the injured worker has been taking the requested psychotropic medications or if it is a new request. There is also no information available regarding what kind of progress she has made with these medications if she has been taking these medications or how long she has been on this treatment for, or any alternatives that have been tried for stabilizing her symptoms. Request for Escitalopram 20mg tablet #45 is not medically necessary.

Latuda 50mg tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov-Latuda.

Decision rationale: Report dated 6/16/2014 suggested that the injured worker suffers with Major Depressive disorder, severe anxiety, Post Traumatic Stress Disorder, insomnia. She continued to complain of pain on left side of the body, left shoulder, neck and arms. She was experiencing

panic attacks and was prescribed Clonazepam with a plan to taper. There are no Psychiatrist progress reports available that would indicate as to if the injured worker has been taking the requested psychotropic medications or if it is a new request. There is also no information available regarding what kind of progress she has made with these medications if she has been taking these medications or how long she has been on this treatment for, or any alternatives that have been tried for stabilizing her symptoms. Request for Escitalopram 20mg tablet #45 is not medically necessary.

Lorzone 750mg tablet #60: 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 FDA.gov- Lorzone.

Decision rationale: Lorzone is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions. Lorzone prescription is not medically necessary.

Quetiapine Fumarate 100mg #60: 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 Official Disability Guidelines (ODG) Mental and Stress, Quetiapine (Seroquel).

Decision rationale: Per ODG guidelines, there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Report dated 6/16/2014 suggested that the injured worker suffers with Major Depressive disorder, severe anxiety, Post Traumatic Stress Disorder, insomnia. She continued to complain of pain on left side of the body, left shoulder, neck and arms. She was experiencing panic attacks and was prescribed Clonazepam with a plan to taper. There are no Psychiatrist progress reports available that would indicate as to if the injured worker has been taking the requested psychotropic medications or if it is a new request. There is also no information available regarding what kind of progress she has made with these medications if she has been taking these medications or how long she has been on this treatment for, or any alternatives that have been tried for stabilizing her symptoms.