

Case Number:	CM14-0108461		
Date Assigned:	08/01/2014	Date of Injury:	08/18/2003
Decision Date:	09/03/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/12/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 67 year old male who was injured in August 2003. The patient has a diagnoses of PTSD and Major Depressive Disorder. Current medications include Nefazodone, Seroquel, Wellbutrin, and Lunesta. In addition he is receiving psychotherapy per his psychiatrist as well as a psychologist. He has been seeing his psychiatrist once per month. Coverage is sought for 10 additional psychiatric sessions, 60 Nefazodone with 17 refills, Seroquel XR 200 mg with 11 refills and Lunesta 3 mg, number 30 with 11 refills. The previous reviewer modified the requests to 3 psychiatric visits and one refill of each of the medications requested. This represents a review for medical necessity for the original requests for 10 psychiatric visits, 17 refills of Nefazodone and Wellbutrin and 11 refills of Seroquel and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional psychiatric sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The above cited guideline indicates that follow up visits with a physician should take place at least once per week if the patient is missing work. The data submitted for review indicate that the patient has not returned to work or reached maximum medical improvement. The request therefore is within the parameters of the evidence based guidelines cited in the ACOEM.

Nefazodone 200mg #60 with 17 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Traumatic Stress Disorder.

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

Decision rationale: There is no formal guideline governing the amount of medications given. The above citation supports use of antidepressants for both PTSD and Major Depression. As such Nefazodone has evidence supporting its use as being medically necessary. However the number of refills as noted above appears excessive and does not allow for ongoing monitoring. The previous reviewer has authorized continued use of the medication but medical necessity for 11 refills is not supported by the data submitted for review.

Seroquel XR 200mg #30 with 11 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: The above cited guidelines equivocally support use of antipsychotic medications on an ongoing basis. However, the ODG states that SGA's are not recommended on a first line basis for conditions listed due to insufficient evidence supporting their use. In any event the number of refills seems excessive and a one month supply of the medication was authorized by the previous reviewer. As noted above, the authorization allows for ongoing monitoring. Medical necessity for 11 refills, therefore, is not supported based on the ACOEM and ODG as well as applicable best practice standards.

Lunesta 3mg #30 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and Stress, Summary of Medical Evidence.

Decision rationale: ODG indicates that Lunesta is not indicated for long term use. The prior reviewer authorized a one month supply and additional refills could be authorized if clinically indicated. However the request for 11 refills is clearly outside the ODG recommendations which are for a 3 week maximum within the first two months of injury. As such the request for one year of this medication is clearly not medically necessary according to the evidence based guidelines set forth in the ODG.

Bupropion XL 150mg #90 with 17 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments, page 16 Page(s): 16.

Decision rationale: Bupropion has evidence in support of its use in pain management. Its use is also supported for Major Depression and PTSD. However, there are no guidelines regarding number of refills. The amount seems excessive and the modification has approved a one month supply of medication which would allow for close monitoring and additional refills as indicated. As such medical necessity for the requested 11 refills is not supported according to the current practice standards.