MAXIMUS Federal Services

Case Number:	CM14-0011704		
Date Assigned:	02/21/2014	Date of Injury:	07/08/2010
Decision Date:	08/06/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/29/2014

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 injured worker is a 55-year-old male with date of injury 7/8/2010. Date of the utilization review decision was 1/23/2014. The mechanism of injury was cumulative trauma at work resulting in orthopedic injuries to neck, lower back, wrist and right elbow which consequently led to psychological distress. The report dated 1/7/2014 listed that the injured worker had been getting relief in terms of the neck pain, upper and lower back pain with the current medications and trigger point injections. It was stated that he continued to be depressed and anxious with depression level as 4/10 10 being worst). It was listed in that report that his pain and discomfort were impacting his general activity, sleep and moderately impacting his enjoyment of life, ability to concentrate and interactions with other people. Psychological assessment from 12/16/2013 suggested improvement of his emotional condition with psychotropic medications, improvement in sleep, social functioning, ability to manage his anger. He continued to feel anxious, nervous and tense. He was experiencing difficulties concentrating and remembering things. Objective findings included improvement in mood; however, he was noted to be apprehensive and anxious. Psychiatrist report dated 12/14/2013 indicated improvement in his mood with adjustment of fluoxetine dose. Objective findings included stable mood and improvement in sleep. The diagnosis of major depressive disorder, single episode and generalized anxiety disorder were listed in the documentation. There is limited information present regarding the length of time psychotropic medications have been continued for, goals of treatment or functional improvement with Trazodone or Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) tablets of Trazodone 50mg between 10/12/2013 and 10/12/2013: Overturned

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 & Stress, Trazodone (Desyrel).

Decision rationale: There is limited information present regarding the length of time psychotropic medications have been continued for, goals of treatment, need for concurrent use of Fluoxetine and Wellbutrin. The Official Disability Guidelines (ODG) states that Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Insomnia treatment section, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. As such, the retrospective request for Trazodone #30 is medically necessary as the injured worker suffers from insomnia coexisting with depression and anxiety problems.

Thirty (30) tablets of Wellbutrin 150mg between 10/12/2013 and 10/12/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

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; Bupropion (WellbutrinÂ®), Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The psychiatrist report dated 12/14/2013 suggested improvement in his mood with adjustment of fluoxetine. Objective findings included stable mood, improvement in sleep. The diagnosis of major depressive disorder, single episode and generalized anxiety disorder were listed in the documentation. There is no available documentation regarding the need for two antidepressants i.e. Fluoxetine and Wellbutrin at the same time. The MTUS indicate the use of Buproprion in chronic neuropathic pain but is silent regarding its use in depression. The Official Disability Guidelines (ODG) states Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. It is also 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. It

is 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 retrospective request for Wellbutrin 150 mg #30 is not medically necessary since there is no clinical jusification of concurrent use of two antidepressants i.e Fluoxetine and Wellbutrin. The injured worker continues to have subjective and objective findings suggestive of depression and anxiety with the current regimen. As such, the request is not certified.

Thirty (30) tablets of Fluoxetine 80mg between 10/12/2013 and 10/12/13: Overturned

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), and Other Medical Treatment Guideline or Medical Evidence: American Psychiatric Association (2006), MDD.

Decision rationale: The psychiatrist report dated 12/14/2013 suggested improvement in his mood with adjustment in fluoxetine dose. Objective findings included stable mood, improvement in sleep. The diagnosis of major depressive disorder, single episode and generalized anxiety disorder were listed in the documentation. The Official Disability Guidelines (ODG) states that MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. The retrospective request for Fluoxetine 80mg # 30 is medically necessary due to subjective and objective improvement in injured worker's depression and anxiety with adjustment in the dose. As such, the request is certified.