

Case Number:	CM14-0016701		
Date Assigned:	02/21/2014	Date of Injury:	09/14/2011
Decision Date:	06/26/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 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:

The injured worker (IW) is a 35 year old male with date of injury 9/14/2011. Date of UR decision was 1/27/2014. Mechanism of injury was his right index and middle fingers being caught in blades of a machine and they were severely lacerated, nearly severed. Report from 02/10/2014 indicates he has some day time sleepiness, has been feeling less depressed, continues to have poor energy and concentration, occasional feelings of hopelessness. Diagnosis of Major depressive disorder was given to IW and he was continued on Viibryd 40 mg and Klonopin 05mg once daily as needed for anxiety. The medications i.e., latuda, viibryd and klonopin were initiated in February 2013. Report from 01/09/2014 states that Nuvigil was discontinued because it worsened headaches and insomnia. He continues to have poor energy and is forgetful.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIIBRYD 40MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-DEPRESSANTS FOR CHRONIC PAIN

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 & Stress, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The ODG indicates that antidepressants are 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. They are 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. Report from 02/10/2014 indicates the injured worker has some daytime sleepiness, has been feeling less depressed, continues to have poor energy and concentration, occasional feelings of hopelessness. Diagnosis of Major depressive disorder was given to the injured worker. The continuation of Viibryd 40 mg is medically necessary at this time as it has resulted in some improvement in mood and the injured worker is noted to be "less depressed" on it. Will respectfully disagree with UR doc's decision and will affirm the need for Viibryd 40 mg #30.

KLONOPIN 0.5MG #25: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES

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

Decision rationale: The MTUS indicates that benzodiazepines are 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving klonopin on an ongoing basis with no documented plan of taper. The MTUS guidelines indicate that the use of benzodiazepines should be limited to 4 weeks. Thus the medical necessity for 25 tablets of klonopin cannot be affirmed.