

Case Number:	CM14-0137255		
Date Assigned:	09/05/2014	Date of Injury:	08/08/2012
Decision Date:	10/17/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 79 pages of medical and administrative records. The injured worker is a 35 year old male whose date of injury is 08/08/2012 during the course of his employment as a security guard near skid row in downtown [REDACTED]. His job entailed patrolling the premises where many of the residents were mentally ill, substance abusers, or the frail physically ill. On 02/02/13 the patient underwent an initial psychological evaluation report. He was repeatedly exposed to the stress of finding dead bodies, nine in total over time, in varying states of decomposition. These occurred when he would check in on residents, which was not part of his job description. He began to withdraw from coworkers, supervisors, and residents, and he experienced flashbacks (including olfactory), anger, difficulty sleeping, and irritability. BAI=33 severe, BDI=32 severe. He was diagnosed with post-traumatic stress disorder and 15 sessions of CBT were recommended. He was prescribed Seroquel, Prazosin, and Wellbutrin XL. By 12/30/13 the patient reported a decrease in nightmares and was sleeping better, although had feelings of hopelessness. There is a progress note of 07/28/14 by [REDACTED] which shows that the patient was depressed and preoccupied, with poor sleep. Brintellix 10mg was prescribed but the patient had not received it yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management (unspecified): Upheld

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

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, Office Visits

Decision rationale: It is difficult to discern from records provided exactly what medication the patient is being prescribed. In January 2014 he was on Seroquel, Prazosin, and Wellbutrin XL, then in July 2014 he was started on Brintellix. It is unclear if and when the other medications were discontinued. Clearly this patient is in need of medication management, but the request is nonspecific as to what type of medication management and the quantity of visits required. It is not reasonable to make the request unlimited or unspecified. As such this request is noncertified. MTUS does not reference medication management or office visits. ODG was used in this decision. ODG recommends office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore the request is not medically necessary.

Brintellix 10 mg, 1 by mouth every am-#30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13.

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 PTSD (post-traumatic stress disorder)

Decision rationale: Clearly this patient suffers from PTSD. Brintellix is an antidepressant in the SSRI class, which is recommended by ODG for the treatment of PTSD. However, the clinical information submitted for review is inadequate to determine the necessity of Brintellix. There is no rationale provided for its use, no history of other medications tried and failed, no targeted symptoms, etc. It is therefore unfortunate that this request is noncertified. MTUS does not reference antidepressants and the treatment of PTSD, or Brintellix in particular; ODG was used in this decision. ODG recommends antidepressants for the treatment of Post-traumatic stress disorder (PTSD). See PTSD pharmacotherapy. Strongly recommend selective serotonin reuptake inhibitors (SSRIs) for the treatment of PTSD. (VA/DoD, 2004) (Stein, 2000) See also Selective serotonin reuptake inhibitors (SSRIs). Recommend tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) as second-line treatments for PTSD. (Stein, 2000) (Hawton-Cochrane, 2002) Consider an antidepressant therapeutic trial of at least 12 weeks before changing therapeutic regimen. (Martenyi, 2002) Consider a second-generation (e.g.,

nefazodone, trazodone, venlafaxine, mirtazapine, bupropion) in the management of PTSD. (Hidalgo, 1999) Recommend medication compliance assessment at each visit. Since PTSD is a chronic disorder, responders to pharmacotherapy may need to continue medication indefinitely; however, it is recommended that maintenance treatment should be periodically reassessed. (Rapaport, 2002) There is insufficient evidence to support the recommendation for a pharmacological agent to prevent the development of PTSD. (VA/DoD, 2004). Given the above the request is not medically necessary.