

Case Number:	CM14-0155961		
Date Assigned:	09/25/2014	Date of Injury:	11/29/2006
Decision Date:	10/27/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/23/2014

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 Occupational Medicine, 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 61 year-old left-hand dominant male who sustained work-related injuries on November 29, 2006. The mechanism of injury was related to a cumulative trauma. Prior treatments include total knee replacement, On August 18, 2012, the injured worker underwent a second psychiatric Qualified Medical Evaluation (QME), he was diagnosed with the following: (a) Pain disorder associated with psychological factors and a general medical condition; (b) other male sexual dysfunction due to depression and chronic pain; (c) Attention deficit/hyperactivity disorder by history; and (d) adjustment disorder with mixed anxiety and depressed mood. Per June 11, 2014 medical records, the injured worker continued to need his psychiatric medications that he has been using from some time Pristiq 100mg was helpful for both anxiety and depression. His mood has improved and has more positive attitude. He was less irritable and his interactions with others have improved and he was less withdrawn. Mirtazapine 30mg at night augmented the effect of Pristiq; it also helped him sleep more deeply. He has been taking Focalin 10mg twice daily which facilitated his ability to function, concentrate and complete tasks. Per most recent records dated September 8, 2014, the injured worker complained pain in the knee and low back as well as difficulty with walking. He described difficulty walking long distances as well as sitting down. He also has difficulty standing long periods of time and needed to sit down afterwards. It would take a while before his pain would go away. On examination, his lumbar examination noted 120 degrees of flexion and he has increased lateral laxity compared with medial laxity in 20 degrees of flexion which also produced some crepitus. A 10mL of serous fluid was aspirated and he was injected with 10mL quarter percent of Marcaine which he tolerated well. An X-ray of the knee demonstrated a cemented total knee arthroplasty with a slight radiolucency underneath the medial tibial plateau. There is no evidence of migration of the prosthesis and no significant radio-lucencies about the femoral component. An x-ray of the

lumbar spine demonstrated that all pedicles to be visualized have some peripheral purging osteophytes. There is some facet hypertrophy and minimal lordosis noted on the lateral view. There is disc space narrowing diffusely through the spine from T11 to L4-5. No spondylolisthesis or spondylosis. There is an anterior osteophytes noted in slight retrolisthesis at L1-2. He is diagnosed with (a) atypical pain pattern following total knee arthroplasty and (b) rule out spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: Pristiq (Desvenlafaxine) is considered to be an antidepressant. Evidence-based guidelines recommend antidepressants although generally not as a stand-alone treatment. These medications have been found to be useful in treating depression including depression in physically ill patients as well as chronic headaches associated with depression. In this case, the injured worker is noted to have history of depression and the use of Pristiq has helped improved his mood and helped him possess a more positive attitude as well as improved social interactions or interpersonal relationships. Also, he is under the direct supervision of a psychiatrist. With this, the medical necessity of the requested Pristiq 100mg thirty count is considered to be medically necessary. Prior utilization review indicates that the this medication has been certified on June 23, 2014 but was non-certified on September 5, 2014 based on the determination that the injured worker has been given up until March 2015 refills. However, this is not the case; therefore this request is medically necessary.

Metazepine 30 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: Mirtazapine is also an anti-depressant and evidence-based guidelines indicate that antidepressants are recommended although it is not as a stand-alone treatment. In this case, mirtazapine is used in conjunction with Pristiq. Both medications helped improved the injured worker's mood, possess a more positive attitude, and improved social interactions. He is

also under direct supervision of a psychiatrist. Based on this information, the medical necessity of the requested mirtazapine 30mg thirty count is medically necessary. Prior utilization review indicates that the this medication has been certified on June 23, 2014 but was non-certified on September 5, 2014 based on the determination that the injured worker has been given up until March 2015 refills. However, this is not the case; therefore this request is medically necessary.

Dexmethylphenidate 10 mg, sixty count: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, Attention-deficit Hyperactivity Disorder, Website:
<http://www.guideline.gov/content.aspx?id=46415&search=adhd+medication+focalin>

Decision rationale: Dexmethylphenidate 10mg 60 count is a medication indicated for the treatment of attention deficit hyperactivity disorder (ADHD). It is a mild stimulant to the central nervous system. In this case, the injured worker is diagnosed and documented by his psychiatric qualified medical evaluator (QME) dated August 18, 2012 with history of attention deficit hyperactivity disorder (ADHD). With this medication, he is able to concentrate, function well, and complete tasks as per June 11, 2014 records. As the injured worker's condition meets the indication and he is under direct care of a psychiatrist, the requested Dexmethylphenidate 10mg sixty count is considered medically necessary. Prior utilization review indicates that the this medication has been certified on June 23, 2014 but was non-certified on September 5, 2014 based on the determination that the injured worker has been given up until March 2015 refills. However, this is not the case, therefore, this request is medically necessary.

Focalin 10 mg, sixty count: 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 USA Food and Drug Administration, Facts About Generic Drugs, Website:
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understanding-genericdrugs/ucm167991.htm>, Accessed October 15, 2014

Decision rationale: Dexmethylphenidate is the generic name of Focalin. It has been mandated by the Food and Drug Administration (FDA) that generic drug is equal and has the same quality and performance as with brand name medications. Moreover, generic medications are far more practical and cost less than brand name drugs. The provider did not state any overriding justification for the need of both branded and generic medications. Therefore, the medical necessity of Focalin 10mg 60 counts is not medically necessary.

