

Case Number:	CM14-0177102		
Date Assigned:	10/30/2014	Date of Injury:	07/19/2010
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 52 year old male with date of injury of 7/19/2010. A review of the medical records indicates that the patient is undergoing treatment for post-traumatic stress disorder with major depressive affective disorder, cervicalgia, and chronic pain syndrome. Subjective complaints include continued symptoms of anxiety and depression and 3/10 pain. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paraspinals. Treatment has included psychotherapy, Clonazepam, Lunesta, Viibryd and Saphris. The utilization review dated 10/7/2014 non-certified Deplin, Lunesta, and Saphris.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) tablets of Deplin 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition (web), 2014, Pain (Chronic), medical food

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 Chapter, Folate

Decision rationale: Regarding Deplin, which is a commercial folate compound, ODG states the following: "Under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels, and for those with folate deficiency. (Taylor, 2004) Some studies have shown that folic acid may be a simple method of greatly improving the antidepressant action of fluoxetine and other antidepressants (Coppin, 2002) but another meta analysis concludes that none of the [REDACTED] studies show evidence of efficacy in depression according to the hierarchy of evidence. (Thachil, 2006) Multiple studies show that a low dietary intake of folate may be a risk factor for severe depression. (Tolmunen, 2004) (Papakostas, 2004) (Lerner, 2006) A trial of oral doses of both folic acid (800 microg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression, with continuation depending on results. (Coppin, 2005) (Thachil, 2006)."The employee does meet the criteria for major depressive disorder. He has been taking Deplin for an undetermined amount of time. However, there is no documentation regarding the functional benefit from trial of therapy. Therefore, the request for Deplin is not medically necessary.

Thirty (30) tablets of Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Eszopicolone (Lunesta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, insomnia, Mental Illness, Eszopicolone (Lunesta)

Decision rationale: ODG states regarding Eszopicolone (Lunesta), "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia, ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents indicate that the patient has been on Eszopicolone for more than 3 weeks, far exceeding guidelines. Additionally, medical records do not indicate what components of insomnia have been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Lunesta is not medically necessary.

Thirty (30) tablets of Saphris 10mg: Upheld

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

<http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid>, Retrieved October 6, 2014

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, PTSD Pharmacotherapy

Decision rationale: Regarding therapy for post-traumatic stress disorder (PTSD), ODG states the following: "Recommended as indicated below. Monotherapy: Strongly recommend selective serotonin reuptake inhibitors (SSRIs) for the treatment of PTSD. (VA/DoD, 2004) (Stein, 2000) 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) Augmented Therapy for Targeted Conditions: Consider prazosin to augment the management of nightmares and other symptoms of PTSD. (Raskind, 2003) 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 recommend a mood stabilizer (e.g., lamotrigine) for the treatment of PTSD. (Hertzberg, 1999) There is insufficient evidence to recommend atypical antipsychotics (olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole) for the treatment of PTSD. (Hamner, 2003) There is insufficient evidence to support the recommendation for a pharmacological agent to prevent the development of PTSD. (VA/DoD, 2004)." Saphris is an atypical antipsychotic, which these guidelines do not recommend for PTSD. There is no discussion regarding failure of any of the first line medications that would justify using a second class choice or even on that was not recommended such as Saphris. Therefore, the request for Saphris is not medically necessary.