

Case Number:	CM14-0023280		
Date Assigned:	05/14/2014	Date of Injury:	07/15/2010
Decision Date:	07/10/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/24/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for major depressive disorder reportedly associated with an industrial injury of July 15, 2010. Thus far, the claimant has been treated with the following: Psychotropic medications and transcranial magnetic stimulation (TMS). In a Utilization Review Report dated January 28, 2014, the claims administrator denied request for Cymbalta, Wellbutrin, and Desyrel. No clear rationale for the denial was provided. A July 11, 2013 progress note was notable for comments that the claimant was having ongoing issues with depression, irritability, and tension. The claimant was given a Global Assessment of Functioning (GAF) of 49 reportedly secondary to major depressive disorder. On August 4, 2013, the claimant was described as using a variety of psychotropic medications, including Cymbalta, Ability, Wellbutrin, and Deplin. The claimant's Global Assessment of Functioning was 56. It was stated that the claimant should increase the dosage of each of the medications in question. It was stated that the claimant had recently increased the dosages of several psychotropic medications. The claimant was a credible historian on this occasion. The claimant was on five separate psychotropic medications. Additionally, the claimant was confident that she would not commit suicide. It was noted that there was some religious conflict in her family. The claimant was asked to continue psychotropic medications and psychotherapy. On August 22, 2013, the claimant was described as having a variety of chronic pain, anxiety, and depression complaints. The claimant was using Prilosec, Flexeril, Cymbalta, Wellbutrin, Abilify, and Deplin at that point in time. The claimant was cooperative, although she remained depressed and sad. Multiple medications were refilled, including Wellbutrin, Cymbalta, and Ability. The claimant's Global Assessment of Functioning was 49.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 60MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take weeks to exert their maximal effect. In this case, the attending provider has posited that ongoing usage of multiple antidepressants has kept the applicant's mental health symptoms at bay and/or attenuated their frequency, intensity, and severity. The attending provider has stated that ongoing usage of Cymbalta and other psychotropic medications has been beneficial in terms of improving mood. Continuing the same, on balance, is medically necessary.

WELLBUTRIN 100MG #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The attending provider has demonstrated that the claimant has fairly profound issues with depression, has attempted suicide on one occasion, and has had a variety of derivative issues. The attending provider has demonstrated that usage of multiple psychotropic medications has improved the claimant's sleep, energy levels, appetite, and mood. The claimant's complaints of suicidal ideation have reportedly diminished. The attending provider has indicated that this particular combination of psychotropic medication has attenuated the severity of the claimant's mental health issues. Continuing Wellbutrin, on balance, is therefore indicated. Therefore, the request for Wellbutrin 100 mg # 90 is medically necessary and appropriate.

TRAZODONE 100MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

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

Decision rationale: The MTUS/ACOEM Guidelines in Chapter 15, state that antidepressants often take weeks to exert their maximal effect. In this case, the attending provider has posited that ongoing usage of multiple antidepressants has diminished and attenuated the severity of the claimant's mental health issues. Therefore, the request for Trazodone 100 mg # 60 is medically necessary and appropriate.