

Case Number:	CM14-0032773		
Date Assigned:	03/26/2014	Date of Injury:	02/24/1999
Decision Date:	06/30/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/14/2014

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 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:

This 57 year old female with date of injury 2/24/1999. The date of Utilization Review (UR) decision was 2/28/2014. IW suffers from neck pain, bilateral upper extremity pain and headaches. PR from 01/03/2014 lists subjective complaints of sadness and frustration. Objective findings are "patient presented as excited and anxious". Diagnosis of Major Depression, recurring is given and the plan includes prescription of escitalopram 20 mg and nortriptyline 25-50 mg qhs. The Injured Worker (IW) is to remain off work until follow up per the PR. Report from 2/21/2014 suggests that IW complained of depression, anxiety and frustration. She appeared agitated throughout the session per the report. The IW is reported to have relapsed without the Escitalopram and Nortriptyline. Nortriptyline is listed as prescribed as adjunctive to SSRI and secondary to nociceptive qualities. Per report from 12/13/2013, she is prescribed medications for pain and takes citalopram and nortriptyline for psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORTRIPTYLINE 50MG, #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 of 127.

Decision rationale: MTUS states "Antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (SaartoCochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. The MTUS guidelines do not recommend tricyclic antidepressants for long term use for depression or for its nociceptive benefits. The request for nortriptyline 50 mg #30 with 2 refills is excessive and not medical necessary. 

PRESCRIPTION OF ESCITALOPRAM 20MG, #30 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS 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&Stress, Antidepressants for MDD (major depressive disorder)

Decision rationale: 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. 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. (American Psychiatric Association, 2006) A randomized controlled trial has indicated that the patient's smoking status is a credible factor that can be considered in the treatment plan. Specifically, antidepressant medication (fluoxetine/Prozac) has been found to compromise the success of smoking cessation efforts. (Spring, 2007) Consequently, if the patient is attempting to quit smoking, that effort causes anti-depressant medication to be a less attractive treatment option than standards typically indicate (this consideration will be most relevant to presentations of MDD which are mild to moderate in current severity). The Injured Worker (IW) suffers from Major Depressive disorder, recurring; secondary to the industrial injury. She continues to be symptomatic. Report from 2/21/2014 suggests that IW complained of depression, anxiety and frustration. The request for Escitalopram 20 mg #30 with 2 refills is medically necessary.

