

<b>Case Number:</b>	CM14-0035291		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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:

Injured worker is a 64 year old female with date of injury 10/27/2011. Date of the UR decision was 3/6/2014. Per report dated 11/15/2013, he was diagnosed with Anxiety disorder NOS and Major Depressive Disorder. Subjective findings listed were depression, sleep disturbance, loss of energy, diminished emotional control, impaired concentration and problems with short term memory. Objective findings per report were depressed, anxious mood, anxious preoccupation with pain and physical impairment, emotional dyscontrol, presentation was consistent with moderately severe psychiatric impairment. The medications prescribed were Wellbutrin 300 mg daily, celexa 20 mg daily and Trazodone 100 mg nightly as needed . Report dated 1/31/2014 suggested the same presentation and same treatment as the prior examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication follow ups times 2:** Overturned

**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 Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

**Decision rationale:** ODG states "Office visits: Recommended 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 medications prescribed per Report dated 1/31/2014 were Wellbutrin 300 mg daily, celexa 20 mg daily and Trazodone 100 mg nightly as needed . To monitor the medications, the request for Medication follow ups times 2 is medically necessary.

**CBT psychotherapy times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress,cognitive therapy for depression.

**Decision rationale:** ODG Psychotherapy Guidelines recommend: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. For the treatment of depression secondary to industrial injury The request for CBT Psychotherapy times 6 is medically necessary.

**Wellbutrin:** 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 Official Disability Guidelines (ODG), Stress and Mental Illness; Bupropion (Wellbutrin®) , Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. ODG states Bupropion (Wellbutrin) is Recommended as a first-line treatment option for major depressive disorder. It also states Antidepressants for treatment of MDD (major depressive disorder): 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. The submitted documentation reveals the diagnosis of Major Depressive disorder. ODG recommends use of Bupropion only in moderate, severe or Psychotic presentations of MDD. Also, the quantity of the medication requested is not listed. Thus, the request for wellbutrin is not medically necessary.

**Celexa:** 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 Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

**Decision rationale:** ODG states MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects In the reviewed documentation, the quantity of celexa requested has not been specified. Thus, the request for Celexa is not medically necessary.

**Trazadone:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <FDA package insert- Trazodone >.

**Decision rationale:** Trazodone hydrochloride tablets USP are indicated for the treatment of major depressive disorder (MDD) in adults. The efficacy of Trazodone hydrochloride tablets has been established in trials with the immediate release formulation of Trazodone. The quantity of the medication requested is not listed. Thus, the request for Trazodone is not medically necessary.