

Case Number:	CM14-0038492		
Date Assigned:	06/27/2014	Date of Injury:	11/30/2005
Decision Date:	08/13/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 41 year old male with date of injury 11/30/2005. Date of the UR decision is 3/21/2014. Mechanism of injury was a 700 lb. spool of wire falling on his right lower leg knocking him to the ground while he was working as a Forklift operator. He suffered from a Right tibial and fibular open fractures as well as back injuries. AME (Agreed Medical Examination) report dated 5/15/2013 indicated diagnosis of Major Depressive disorder secondary to the industrial injury which resulted in quadriparesis. Psychologist report dated 10/31/2013 listed the subjective complaints as him being depressed, irritable and trying to accept his physical limitations. Diagnosis listed were Major depressive disorder, single episode, moderate and primary insomnia. Report dated 11/15/2013 suggested that Zoloft 200 mg and Atarax 25 mg daily were being prescribed. Report dated 12/3/2013 suggested that injured worker had been experiencing depression with suicidal ideations. Psychologist report dated 1/30/2014 indicated that he complained of daily physical pain and low depression. Objective findings indicated that there was cognitive deterioration and he appeared depressed and irritable. Progress report dated 3/7/2014 indicated that Wellbutrin 100 mg daily was added at that visit. Atarax 25 mg nightly and Zoloft 200 mg daily were continued. It was suggested that he had depressed mood, denies any suicidal or homicidal ideations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg (#60 with 4 refills) #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 and 107.

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 and The American Psychiatric Association, strongly recommend antidepressant 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. Based on the reviewed documentation, Zoloft is indicated for the treatment of depressive symptoms. However, the quantity of Zoloft requested is excessive. Request for a 5 month supply is excessive at this time since the ongoing observation and monitoring of symptom progress is needed to assess the need for continued use of medications. Therefore, the request for Zoloft 100mg (#60 with 4 refills) #300 is not medically necessary and appropriate.

Wellbutrin SR 100mg (#30 with 4 refills) #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 and 27.

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. Based on the reviewed documentation, Wellbutrin is indicated for the treatment of depressive symptoms secondary to Major Depressive disorder, moderate. However, the quantity of Wellbutrin SR 100mg requested is excessive. Request for a 5 month supply is excessive at this time since the ongoing observation and monitoring of symptom progress is needed to assess the need for continued use of medications. Wellbutrin was added on 3/7/14 for augmentation of antidepressant effects of Zoloft and the progress needs to be monitored before a few month supply is authorized. Therefore, the request for Wellbutrin SR 100mg (#30 with 4 refills) #150 is not medically necessary and appropriate.

