

Case Number:	CM14-0084205		
Date Assigned:	08/15/2014	Date of Injury:	07/19/2004
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/06/2014

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 42 year old female with date of injury 7/19/2004 . Date of the UR decision was 6/2/2014. The injured worker underwent an inpatient psychiatric hospitalization from 03/14/2014 till 03/25/2014 after disclosing active suicidal thoughts. It was suggested that the symptoms of anxiety, worry, depressive, suicidal condition and medication intake improved during the hospitalization. Report dated 1/15/2014 suggested that she was status post removal of hardware 2 months prior to the visit and her pain had been improving, however she continued to complain of insomnia and depression. Report dated 3/26/2014 indicated that she was discharged with the following medications: Wellbutrin SR 150 #30 once a day, Remeron 15 mg #30 once at bedtime, Ability 5mg #60 twice a day, Restoril 30 mg#30 once at bedtime, Inderal 20mg #30 once a day, Protonix 40mg #30 once a day, Levothyroxine 137 microgram #30 once a day, Hydrochlorothiazide 25 mg #3'0 once a day, Ferrus Sulfate 325 mg three times a day, Multivitamins 1 tablet #30 once a day, and Metamucil Packet 6 gram once a day. The report suggested that indicated that her recent hospitalization was beneficial to her emotional condition. She had noted that her anxiety and worry had improved and that her depressive and suicidal condition also improved throughout her hospitalization. She denied any active suicidal or homicidal plan post discharge and was not experiencing any psychotic features, such as auditory or visual hallucinations. Her sleep had also improved with medication intake, however, she continued to struggle with physical pain in her back and frequent headaches. She had also noted increased appetite and weight gain of approximately 5 pounds in the week prior to the examination date. She also continued to struggle with memory and concentration impairments. The injured worker was diagnosed with Major Depressive Disorder without Psychotic Features and Pain Disorder Associated with Both Psychological Disorders and a General Medical Condition per report dated 3/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 40 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental illness and stress procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" 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" The injured worker was diagnosed with Major Depressive Disorder without Psychotic Features and Pain Disorder Associated with Both Psychological Disorders and a General Medical Condition per report dated 3/14/2014 and required inpatient psychiatric hospitalization secondary to severe suicidal ideations. Based on the reasons stated above, the request for Prozac 40 mg #30 is medically necessary.

Wellbutrin XL 150 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental illness and stress procedure summary.

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: The injured worker was diagnosed with Major Depressive Disorder without Psychotic Features and Pain Disorder Associated with Both Psychological Disorders and a General Medical Condition per report dated 3/14/2014 and required inpatient psychiatric

hospitalization secondary to severe suicidal ideations. Based on the reasons stated above, the request for Wellbutrin XL 150 mg #30 is medically necessary.

Lorazepam 1mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Since the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks, the request for Lorazepam 1mg #15 is not medically necessary.

Restoril 30mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Since the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks, the request for Restoril 30mg #15 is not medically necessary.

Remeron 15mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental illness and stress procedure summary.

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: The injured worker has been prescribed other antidepressant medications i.e. Prozac and Wellbutrin XL. The request for a third antidepressant medication i.e. Remeron 15mg #15 is excessive and thus not medically necessary.

Melatonin 5 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov Melatonin.

Decision rationale: Melatonin is a hormone produced in the brain that helps regulate the sleep and wake cycle. Melatonin is categorized by the US Food and Drug Administration (FDA) as a dietary supplement and is not regulated as a pharmaceutical drug; hence its full long-term effects in humans have not yet been ascertained. Therefore the request for Melatonin 5 mg #60 is not medically necessary.