

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0091666 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 10/30/2009 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 06/05/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 Neurology: Child and Adolescent 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:

The injured worker is a 48 year old female whose reported date of injury is October 30, 2009. The mechanism of injury is described as a fall, sustaining low back injuries. The injured worker developed chronic pain, and underwent several L3-5 medial branch nerve blocks with three hours of pain relief. Subsequently, the injured worker developed symptoms of depression. The injured was prescribed psychotropic medications by the treating physician, which included Wellbutrin, Strattera and Lamictal. The crying spells decreased after adding Lamictal, but the injured worker developed an allergic reaction, so Lamictal had to be discontinued. However, as a result, the crying spells resumed. The injured worker is diagnosed with Depression Not Otherwise Specified, Generalized Anxiety Disorder, likely Attention Deficit Hyperactivity Disorder, and rule out Post Traumatic Stress Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stratera 60mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin Noradrenaline Reuptake Inhibitors; Antidepressants for Chronic Pain Page(s): 105, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 16 Page(s): 16.

Decision rationale: MTUS Guidelines indicate that the treatment of depression secondary to chronic pain can help reduce the individual's pain, and is therefore beneficial and recommended. The injured worker continues to suffer from ongoing symptoms of depression. Antidepressant medication is therefore appropriate in her care. However, Strattera (brand name Atomoxetine) is not an antidepressant medication, but instead is a medication used to treat symptoms of Attention Deficit Hyperactivity Disorder (ADHD). As Strattera is not an appropriate medication choice to treat the injured worker's depression, the request is therefore not medically necessary.