

Case Number:	CM14-0205508		
Date Assigned:	12/17/2014	Date of Injury:	01/02/2013
Decision Date:	02/12/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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:

Patient is a 48 year-old female with date of injury 01/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/28/2014, lists subjective complaints as anxiety and depression. Objective findings: No physical examination results were documented. Patient was noted to have mildly elevated levels of anxiety and slightly restricted mood. Diagnosis: 1. Anxiety 2. Depression. The medical documents supplied for review document that the patient was first prescribed the following medication on 08/28/2014. Medication: Luvox CR 150mg SIG: QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Luvox CR 150 MG Ever Hour (At Bedtime) for 12 Months: Upheld

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

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 & Stress, Antidepressants.

Decision rationale: According to the Official Disability Guidelines antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been

found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. In this case, however, the request is to add Luvox CR to the existing regimen of Fetzima. In addition, it appears that the authorization would provide Luvox CR for 12 months. This period of time is excessive for such a medication without reevaluation the patient for efficacy. Luvox CR 150 MG At Bedtime for 12 Months is not medically necessary.