

Case Number:	CM14-0078472		
Date Assigned:	07/18/2014	Date of Injury:	09/13/2010
Decision Date:	01/30/2015	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/28/2014

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 Psychiatrist (MD) 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 66 year old male with date of injury 9/13/2010. Date of the UR decision was 5/19/2014. He sustained injury to his lip and hand status post a fall on the pavement. He has been diagnosed with right sided carpal tunnel syndrome. Per report dated 6/7/2014, the injured reported that he was tolerating the medications well, was attending groups, working on relaxation techniques and found it somewhat helpful. He was sleeping fair per the report and had stopped taking Trazodone because of headaches. He was continued on Prozac 60 mg daily and Wellbutrin XL 150 mg daily. The injured worker has been diagnosed with Generalized anxiety, depressive psychosis, sprain of the neck and spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 25mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), web-based edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Trazodone (Desyrel).

Decision rationale: Per report dated 6/7/2014, the injured reported reported that he was sleeping fair and had stopped taking Trazodone because of headaches. The request for Trazodone 25mg #15 is not medically necessary as this medication has already been discontinued by the injured worker himself and by the treating provider secondary to adverse effects(headaches). Per guidelines, Trazodone is Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. However, There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. In this case, the trazodone was discontinued as the injured worker developed adverse effects to it. Thus, the request is not medically necessary.

Prozac 60mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based edition.

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." The request for Prozac 60mg #90 is excessive and not medically necessary. The injured worker has been prescribed 60 mg daily by the treating provider per the report dated 6/7/2014. The request for #90 tablets of Prozac 60 mg exceeds the FDA approved dose of Prozac. Thus, the request is not medically necessary.

Wellbutrin XL 150mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web-based edition.

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: 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 request for Wellbutrin XL 150mg #30 is medically necessary