

Case Number:	CM15-0009191		
Date Assigned:	01/30/2015	Date of Injury:	11/07/2011
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 47 year old female whose date of injury is 11/7/2011. She reports bilateral lower extremities pain after a bed headboard fell on her feet. Diagnoses include complex regional pain syndrome of the bilateral lower extremities, chronic bilateral lower extremities pain, chronic leg cramps, anxiety with panic associated with CRPS, and major depressive disorder moderate to severe. Treatments have included physical therapy, ultrasound, walking boot, steroid injection and medication management. In 01/2013, she underwent decompression and exostectomy of the left second metatarsal. She had increased pain post op with resulting reflex sympathetic dystrophy and secondary psychiatric symptoms. An office visit note of 08/21/14 from her psychiatrist indicated that the IW had undergone detox from her opiates, leaving her with a resultant psychosis. She has been observed to laugh inappropriately at times. On 10/28/14 an office visit for CRPS described increased swelling, hypersensitivity, and discoloration. A Medrol pack was ordered at that time. A progress note from the treating provider dated 12/18/2014 indicates possible remission in depression and concern regarding her pain control. The IW reported that her pain level was 8-10/10 and she was asking to restart opiates as she was unable to perform home exercise. On 12/19/2014, Utilization Review non-certified the request for Medrol dose pack, 1 month supply of Brintellix and 1 month supply of Nuedexta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Dose Pack of Medrol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, SSRIs (selective serotonin reuptake inhibitors)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications. Recommended only as indicated below. Most medications have limited effectiveness.

Decision rationale: The patient showed increased swelling, hypersensitivity, and discoloration in follow up office visits for CRPS. Per CA-MTUS, corticosteroids are a commonly used drug with some evidence of efficacy. Given the IW's high level of pain, and what appears to be a new development, a limited course of a corticosteroid would be a worthwhile trial in an attempt to alleviate her discomfort. This request is therefore certified.

1 Month Supply of Brintellix: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness & Stress 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. Drug selection criteria. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: (1) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects.

Decision rationale: Brintellix is an antidepressant of the SSRI family. It is indicated in the treatment of major depressive disorder, moderate, severe, or psychotic. This IW suffers from major depressive disorder moderate to severe, she has been prescribed Brintellix and from the last progress note of 12/18/14 appears to be in remission. Notes also indicate that the dose of this medication has been 40mg. Brintellix is indicated for this IW for this diagnosis, and should be continued as she may now be in remission. Unfortunately the request does not provide the dose. Until this information is provided, this request is noncertified.

1 Month Supply of Nuedexta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Nuedexta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Nuedexta. Mental Illness & Stress Nuedexta Not recommended for conditions covered in ODG. The FDA has approved this treatment for pseudobulbar affect (PBA) in adults (Nuedexta, [REDACTED]), a combination of dextromethorphan hydrobromide and quinidine sulphate. PBA is seen in a number of neurologic conditions and is characterized by sudden and uncontrollable bouts of laughing or crying that is either unrelated or disproportionate to the emotional state of the patient. This agent has been studied to date in patients with multiple sclerosis (MS) and amyotrophic lateral sclerosis (ALS). PBA occurs when neurological disorders such as MS or stroke damage areas of the brain involved in the control of normal expression of emotion. Although it is not a life-threatening condition, it can have a significant effect on the patient's ability to interact normally in society and their relationships. Nuedexta is not suitable for treating episodes of laughing or crying brought on by mood swings and not due to pseudobulbar affect. (FDA, 2012) There are no quality published studies of the off label use of Nuedexta to treat chronic neuropathic pain. There had been a study initiated to compare the effectiveness of dextromethorphan at reducing hyperalgesia in individuals addicted to opioids, but this study was discontinued. (NCT, 2008).

Decision rationale: Nuedexta is FDA approved for treatment of pseudobulbar affect (PBA) in adults and not recommended for conditions covered in ODG. PBA occurs when stroke of MS damage the part of the brain which controls normal expression of emotion. The patient has been observed to show inappropriate episodes of laughter, however this is thought to be due to a psychosis after detoxification from opiates. She does not have the diagnosis of PBA. There was no documentation to support the use of Nuedexta in this IW. This request is therefore noncertified.