

<b>Case Number:</b>	CM15-0131524		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	02/10/2007
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: 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 48 year-old female, who sustained an industrial injury on February 10, 2007. Treatment to date has included acupuncture therapy, anti-depressants, home exercise program, trigger point injections and medications. Currently, the injured worker reports improved sleep and a slight improvement in her mood. She reported symptoms of depressed mood to include irritability, impaired concentration, decreased self-esteem, episodic hopelessness related to her level of pain. She reports daily pain which affects her mood and ability to function as well as episodic exacerbations of pain. She reports a decrease in the frequency of headaches. Upon mental status examination the injured worker exhibited a neutral mood, full range affect, smiled appropriately, was logical and was goal-directed. She had fair insight and judgment. The diagnoses associated with the request include major depressive disorder and chronic pain. The treatment plan includes continuation of Effexor and Nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nortriptyline 25mg po qhs (25mg #30) refills: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 15 and 16.

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

**Decision rationale:** Tricyclic antidepressants (TCAs) are among the most effective antidepressants available, although their poor tolerance at usual recommended doses and toxicity in overdose make them difficult to use. While selective serotonin reuptake inhibitors (SSRIs) are better tolerated than TCAs, they have their own specific problems, such as the aggravation of sexual dysfunction, interaction with co-administered drugs, and for many, a discontinuation syndrome. In addition, some of them appear to be less effective than TCAs in more severely depressed patients. The request for a four month supply of the medication i.e. Nortriptyline 25mg po qhs (25mg #30) refills: 3 is not medically necessary. It is clinically indicated to monitor for efficacy, functional improvement, side effects and tolerability of the treatment on shorter intervals. It is to be noted that the UR physician authorized one-month supply of the medication. Therefore, the request is not medically necessary.

**Effexor XR 225mg po qam (75mg #90) refills: 3: Upheld**

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

**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 request for a four month supply of the medication i.e. Effexor XR 225 mg po qam (75mg #90) refills: 3 is not medically necessary. It is clinically indicated to monitor for efficacy, functional improvement, side effects and tolerability of the treatment on shorter intervals. It is to be noted that the UR physician authorized one-month supply of the medication. Therefore, the request is not medically necessary.