

Case Number:	CM15-0139043		
Date Assigned:	07/30/2015	Date of Injury:	06/03/2014
Decision Date:	09/14/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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 44-year-old, male who sustained a work related injury on 6-3-14. The diagnoses have included panic disorder with agoraphobia in full remission, major depressive disorder, single episode partial remission and insomnia related to panic disorder and depression. Treatments have included oral medications and group therapy. In the PR-2 dated 6-18-15, the injured worker reports he is sleeping better on the medications. He reports decreased severity of depression and anhedonia. He reports better control of anxiety due to learned techniques in group therapy. He reports no panic attacks since last visit. He reports no change in his loss of libido. He denies suicidal ideation. He denies side effects from medications except for a dry mouth after starting Belsomra. He states the group therapy was very helpful after finishing this therapy. On mental status examination, he loses his line of the interview and needs redirected back to conversation and a repetition of the questions, this is improved. He is compliant with treatment plan. He understands the need for treatment. He is working modified duty. The treatment plan includes requests for refill prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR (extended release) 150mg, 1 orally every morning, 75mg #60 with 2 refills, for depression, anxiety and chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Selective serotonin and norepinephrine reuptake inhibitors (SNRIs)-Venlafaxine (Effexor).

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, Topic: 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 injured worker has been diagnosed with panic disorder with agoraphobia in full remission, major depressive disorder, single episode partial remission and insomnia related to panic disorder and depression. Per progress report dated 6/18/2015, he reported feeling sleeping better on the medications and had decreased severity of depression and anhedonia. There is evidence of subjective improvement but there is no clear documentation regarding objective functional improvement with the continued use of two antidepressant medications i.e. Effexor and Wellbutrin. Thus, the request for another three month supply i.e. Effexor XR (extended release) 150mg, 1 orally every morning 75mg #60 with 2 refills, for depression, anxiety and chronic pain is excessive and not medically necessary.

Wellbutrin XL 300, 1 orally every morning, 300mg #30 with 2 refills for depression:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Selective serotonin and norepinephrine reuptake inhibitors (SNRIs)-Venlafaxine (Effexor).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion Page(s): 16. 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 "Bupropion (Wellbutrin(R)), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown, some efficacy in neuropathic pain there is no evidence of efficacy

in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" 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 injured worker has been diagnosed with panic disorder with agoraphobia in full remission, major depressive disorder, single episode partial remission and insomnia related to panic disorder and depression. Per progress report dated 6/18/2015, he reported feeling sleeping better on the medications and had decreased severity of depression and anhedonia. There is evidence of subjective improvement but there is no clear documentation regarding objective functional improvement with continued use of two antidepressant medications i.e. Effexor and Wellbutrin. Thus, the request for another three month supplies i.e. Wellbutrin XL 300, 1 orally every morning; 300mg #30 with 2 refills for depression is excessive and not medically necessary.

Medication management monthly for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress-Office Visits.

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/Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for Medication management monthly for 6 months is excessive and not medically necessary, as the injured worker is not on any medications that would require continued close monitoring.

