

Case Number:	CM15-0142293		
Date Assigned:	08/03/2015	Date of Injury:	01/30/2004
Decision Date:	09/29/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old female, who sustained an industrial injury on 01-30-2004. The injured worker is currently retired. The injured worker is currently diagnosed as having discogenic lumbar condition with electromyography abnormalities showing chronic L5 radiculopathy, internal derangement of the left knee status post previous arthroscopy, left ankle sprain, left hip joint arthritis status post total hip replacement, and chronic pain syndrome. Treatment and diagnostics to date has included Achilles tendon surgery, epidural steroid injection, group therapy, and medications. In a progress note dated 01-23-2015, the injured worker presented for a follow up. The physician noted that a lumbar spine MRI showed moderate changes at L3-L4 with foraminal recess narrowing and mild degenerative changes at L2-L3 and L4-L5, left shoulder MRI showed wear and tendinosis, and ankle MRI which showed a partial tear and inflammation of the rotator cuff with retroachilles bursitis and has been approved for Achilles tendon surgery. The treating physician reported requesting authorization for Effexor XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75 mg #60: Overturned

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 for treatment of MDD.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: 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. (American Psychiatric Association, 2006) With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 9/2014. The most recent progress report mentioning depression was dated 1/28/15, where it was stated "the patient has issues with sleep, stress, and depression." I respectfully disagree with the UR physician, the request is indicated for the injured worker's depression. The request is medically necessary.