

Case Number:	CM15-0187207		
Date Assigned:	09/29/2015	Date of Injury:	10/05/1998
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/23/2015

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 62 year old male, who sustained an industrial injury on 10-05-1998. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for anxiety disorder. Treatment and diagnostics to date has included and medications. Current medications include Cymbalta, Trazodone, and Neurontin. After a review of progress note dated 08-26-2015, the injured worker reported his mood "still to be depressed and irritable". Objective findings included the injured worker's "affect remains the same". The request for authorization dated 09-04-2015 requested Cymbalta 60mg 1 in the morning #30 x 2, Cymbalta 20mg 1 in the morning #30 x 2, Trazodone 50mg 2 at bedtime #60 x 2, and Neurontin 300mg 1 at bedtime #30 x 2. The Utilization Review with a decision date of 09-14-2015 non-certified the request for Cymbalta 60mg #30 with 2 refills, Trazodone 50mg #60 with 2 refills, Cymbalta 20mg #30 with 2 refills, and Neurontin 300mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60mg #30 with 2 refills: 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 Procedure Summary Online Version, last updated 03/25/2015, Antidepressants.

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". Per progress note dated 08-26-2015, the injured worker reported his mood "depressed and irritable" and the objective findings included the injured worker's "affect remains the same". There is no information of medical stability or functional improvement with the medication and thus the request is not medically necessary.

Trazodone 50mg #60 with 2 refills: 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 Procedure Summary Online Version, last updated 03/25/2015, Antidepressants.

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 ODG, "Trazodone: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing Trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent." The injured worker has been diagnosed with anxiety disorder, and the injured worker continues to be depressed. Trazodone is recommended for insomnia coexisting mild psychiatric symptoms such as depression or anxiety. However, the request for three month supply of Trazodone 50mg #60 with 2 refills is excessive and not medically necessary.

Cymbalta 20mg #30 with 2 refills: 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 Procedure Summary Online Version, last updated 03/25/2015, Antidepressants.

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". Per progress note dated 08-26-2015, the injured worker reported his mood "depressed and irritable" and the objective findings included the injured worker's "affect remains the same". There is no information of medical stability or functional improvement with the medication and thus the request is not medically necessary.

Neurontin 300mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: With regard to Antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The injured worker does not have diagnosis of fibromyalgia, diabetic painful neuropathy and post herpetic neuralgia. Also there is no information regarding functional improvement with the medication and thus the request is not medically necessary.