

Case Number:	CM15-0192449		
Date Assigned:	10/06/2015	Date of Injury:	09/21/2007
Decision Date:	12/14/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 46 year old male injured worker suffered an industrial injury on 9-21-2007. The diagnoses included major depressive disorder, severe with psychotic features. On 8-4-2015 the provider reported his medications were approved on a 3 month basis along with 3 months of mental health treatment, He was taking Cymbalta, Trazodone and Elavil. On exam the mood was improved. On 8-27-2015 the treating provider reported had worsening of his symptoms. He had developed auditory hallucination. The provider reported Abilify 5 mg HS should be started. On exam the mental status exam was depressed affect. Request for Authorization date was 8-27-2015. The Utilization Review on 9-8-2015 determined non-certification for Retrospective Aripiprazole 5mg #30 with three refills DOS: 8/24/2015, modification for Retrospective Duloxetine 30mg #60 with three refills to 1 refill DOS to: 8/24/2015, Retrospective Amitriptyline 50mg #90 with three refills to 1 refill DOS: 8/24/2015, Medication evaluation for three months to 2 months and Psychotherapy, once a month for three months to 4 visits over the next 2 weeks followed by an evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Aripiprazole 5mg #30 with three refills DOS: 8/24/2015: Overturned

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 Chapter (Online Version): Aripiprazole (Abilify).

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 Chapter--Aripiprazole (Abilify).

Decision rationale: Official Disability Guidelines (ODG) is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. In this injured worker, within the submitted medical records, there is concern about Major depressive disorder, psychotic features, and development of Auditory hallucinations. The requested treatment: Aripiprazole 5mg #30 is medically necessary.

Retrospective Duloxetine 30mg #60 with three refills DOS: 8/24/2015: Overturned

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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter-- Duloxetine (Cymbalta).

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatments of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this injured worker, within the submitted medical records, there is concern about Major depressive disorder, psychotic features, and development of Auditory hallucinations. The requested treatment: Duloxetine 30mg is medically necessary and appropriate.

Retrospective Amitriptyline 50mg #90 with three refills DOS: 8/24/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter--Antidepressants - SSRI's versus tricyclics (class).

Decision rationale: Official Disability Guidelines (ODG) does not recommend SSRIs for depression over TCAs in every case. No definitive implications for clinical practice on superiority of SSRIs can be drawn, so treatment decisions should be based on considerations of clinical history, drug toxicity, patient acceptability, and cost. There is some disagreement about the choice of first-line therapy between selective serotonin reuptake inhibitors (SSRI's), which include Prozac (fluoxetine), Zoloft, Paxil, and others, versus the older tricyclic antidepressants (TCA), such as amitriptyline, but most studies point to superior outcomes from the SSRI's. As per MTUS Tricyclics are Recommended. These are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this injured worker, within the submitted medical records, there is concern about Major depressive disorder. The requested treatment: Amitriptyline is medically necessary.

Medication evaluation for three months: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 112,127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do indicate why referral is needed. Medical records are clear about concerns for mental illness in this injured worker. The requested treatment is medically necessary.

Psychotherapy, once a month for three months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Office visits.

Decision rationale: MTUS state consider a psych consult if there is evidence of depression, anxiety or irritability At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. ODG state Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do indicate why referral is needed. Medical records are clear about concerns for mental illness in this injured worker. The requested treatment: Psychotherapy, once a month for three months is medically necessary.