MAXIMUS Federal Services

Case Number:	CM15-0192749		
Date Assigned:	10/06/2015	Date of Injury:	09/29/2011
Decision Date:	11/16/2015	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: California, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 31 year old male who sustained an industrial injury on 09/29/2011 involving a crush injury to the right foot. Diagnoses include major depressive episode with psychotic features and somatic symptom disorder with predominant pain. He has a history of showing up to CBT sessions armed, and in 06/2015 inpatient or partial hospitalization were recommended. In a progress note of 08/18/2015 the patient complains of depression and sleep disturbance. The treating physician reported that he had some suicidal ideation prior to his injury. The patient reported that he wakes with zombie feelings from his medications, and has been seeing violent images of people's heads being lopped off during the day and in dreams. Affect is constricted, blunted and depressed, mood is depressed, motor activity is restless, Thought process is slow and memory is intact. He said the Cymbalta is helping him. Treatment plan included continue CBT, duloxetine, Prazosin, and Doxepin. IOP was recommended. He has a history of vague homicidal ideation without plan towards the man who injured him. On 09/01/2015 the patient endorsed mild paranoia, anxiety, frustration, depression, anger, and pain. He reported decreased agitation and violent images. He continued in psychotherapy. UR of 09/08/2015 modified the request for Duloxetine 60mg #60 2 refills, Prazosin 2mg #30 with 2 refills and Doxepin 50mg #30 with 2 refills to show objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 60mg, #60 with 2 refills: 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 Procedure Summary- antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability GuidelinesMental Illness & Stress Duloxetine.

Decision rationale: Duloxetine is an SNRI antidepressant, recommended and approved for the treatment of major depressive disorder. It has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, regardless of duration of the current episode. The patient suffers from major depressive disorder with psychotic features. It is considered medically necessary. This request is medically necessary.

Prazosin 2mg, #30 with 2 refills: 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) Pain Procedure Summary last updated 7/15/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines PTSD pharmacotherapy.

Decision rationale: Prazosin is an alpha-adrenergic blocker used to treat anxiety, PTSD, and panic disorder. It is effective in managing nightmares and other symptoms of PTSD. (Raskind, 2003) Although the patient does not suffer from PTSD he has recurrent thoughts of violent images and psychotic features of depression. This is medically necessary, and this request is medically necessary.

Doxepin 50mg, #30 with 2 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines 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. Patients on Doxepin are cautioned to notify their physician if they experience aggressively, irritability, or agitation. SSRI's are first line agents for

major depressive disorder and are better tolerated. The patient is showing a decrease in agitation and anxiety, and given the severity of his symptoms, it would be unwise to remove or change his medication regimen at this time. This request is medically necessary.