

Case Number:	CM15-0207500		
Date Assigned:	10/26/2015	Date of Injury:	08/06/2001
Decision Date:	12/14/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of August 6, 2001. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve requests for Concerta and Brintellix. The claims administrator referenced a September 8, 2015 office visit and an associated September 9, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant was described as at baseline. Ritalin was discontinued in favor of Concerta. The applicant was asked to continue Brintellix, Ambien, and Valium. A list of operating diagnoses was not furnished by the applicant psychiatrist. Little seeming discussion of medication efficacy transpired. The applicant's work status was not reported. On an earlier psychiatry note dated June 16, 2015, Concerta, Brintellix, Ambien, and Valium were renewed and/or continued. The applicant was described as more depressed and anxious owing to the death of a pet. Once again, the applicant's work and functional status were not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg tab 1 tab QAM #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: No, the request for Brintellix, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 3, page 47 does acknowledge that it often takes weeks for antidepressants such as Brintellix to exert their maximum effect, here, however, the applicant had been on Brintellix for a minimum of several months prior to the date in question, September 8, 2015. The applicant's work status, functional status, mood, and the like were not clearly described or characterized on the September 8, 2015 office visit at issue. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20e was not, in short, established. Therefore, the request was not medically necessary.

Concerta 18mg tab 1 tab QAM #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/11389303.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Food and Drug Administration.

Decision rationale: Similarly, the request for Concerta (methylphenidate) was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, no seeming discussion of medication efficacy transpired on the September 8, 2015 office visit at issue. It was not clearly stated for what issue, diagnosis, and/or purpose Concerta had been prescribed. While the Food and Drug Administration (FDA) notes that Concerta, a stimulant, is indicated in the treatment of attention deficit hyperactivity disorder (ADHD), in children age 16 or greater, adolescents, and/or adults up to 65, here, again, it was not clearly stated or clearly established why Concerta had been prescribed in this 67-year-old applicant in the face of the FDA position that Concerta should be employed in adults up to 65. It was not, in short, established whether or not ongoing usage of Concerta was or was not effective for whatever purposes being employed. There was, moreover, no mention of the applicant's carrying a diagnosis of ADHD. Therefore, the request was not medically necessary.