

Case Number:	CM15-0030260		
Date Assigned:	02/23/2015	Date of Injury:	05/24/2007
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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 59 year old female, who sustained an industrial injury on May 24, 2007. She has reported neck pain and shoulder pain. The diagnoses have included cervical spine degenerative disc disease, cervical spine myofascial pain syndrome, major depression, generalized anxiety disorder, and pain disorder. Treatment to date has included medications, cervical spine fusion, home exercise and imaging studies. A progress note dated December 17, 2014 indicates a chief complaint of continued frustration but improved depression with medications. The treating physician requested prescriptions for Klonopin 0.5 mg for an unspecified quantity, Klonopin 0.1 mg for an unspecified quantity, and Effexor XR 75 mg x 90 with three refills. Utilization Review partially certified the request for the prescriptions with an adjustment of a quantity of 20 for both Klonopin prescriptions, and an adjustment to no refills for the Effexor XR prescription. The California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines were cited in the decisions. On February 18, 2015, the injured worker submitted an application for IMR of a request for a prescription for Effexor XR 75 mg x 90 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg # 90 with 3 refills: Upheld

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) Chapter: Stress & Mental Illness Topic: 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." The injured worker has been diagnosed with major depression, generalized anxiety disorder, and pain disorder. The injured worker continues to experience ongoing depression with frustration per progress report dated 12/17/2014. There is no documentation of objective functional improvement from Effexor. The continued use of this medication cannot be justified based on lack of improvement from it. The request for Effexor XR 75mg # 90 with 3 refills is excessive and not medically necessary. It is to be noted that the UR physician authorized one month supply of the medication for purposes of weaning.