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| Case Number: | CM15-0031935 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 02/13/2006 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 02/07/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on February 13, 2006. He reported the loss of function of the bilateral lower extremities. His diagnoses include depression and anxiety. He has been treated with psychotherapy, cognitive behavior therapy, a pseudobulbar affect medication, and other medications including antidepressants, an atypical antipsychotic, and antianxiety medications. On January 19, 2015, his treating psychiatric physician reports that he is not doing well with his depression and has a not caring attitude. He doesn't care about waking up in the morning and nothing matters to him. He feels frustrated regarding daily issues all of the time. He sleeps 5-6 hours each night. He does not enjoy anything, and has feelings of hopelessness and helplessness, and has psychomotor agitation. His appetite is low. He is wheelchair bound and is worried about what will happen if he can't push his wheelchair as his arms are getting weaker. He expressed the desire not to exist, but wasn't actively suicidal. The treatment plan includes continuing the current antidepressant and atypical antipsychotic medications. On February 20, 2015, the injured worker submitted an application for IMR for review of a request for 6 sessions of medication management, a prescription for Brintellix 20mg #30, and a prescription for Seroquel XR 50mg #60. The medication management was modified based on the guidelines support office visits for psychotropic medication management, but it is unclear if the patient will continue to use the medications long-term or how often medication management will be needed. The Brintellix was modified based on the abundant evidence of potential treatment-related harm with use of atypical antipsychotics, and the lack of evidence of significant improvement of symptoms with the use of this

medication. The Seroquel XR was non-certified based on the guidelines do not support use of this medication for this patient's diagnosis of anxiety and restlessness. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 6 medication management sessions: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Office Visits- 92 and PDG Pain Chapter.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the claimant is not appropriately controlled on anti-depressants and psychotropics. Routine medication monitoring and follow-up visits are appropriate. In this case, the frequency is not specified. If the claimant does not remain on an atypical anti-psychotic then continued frequent monitoring of medication may not be needed. The 6 additional visits for medication management are premature and excessive in its request without knowing future response in subsequent visits. As a result it is not medically necessary.

1 prescription for Brintellix 20mg, #30: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); mental chapter and antidepressants and page 17.

Decision rationale: Brintellix is an SSRI anti-depressant. SSRIs are recommended for moderate to severe depression and PTSD. A progress note from psychiatry on 9/25//14 indicated the claimant was diagnosed with Major depression and was started on Brintellix. A progress note on 1/19/15 indicated the claimant was on Brintellix along with Nuedexta; however the claimant had not been doing well with depression. Psychotropic medications were recommended so that the claimant does not hurt himself. In this case, the claimant requires poly-pharmacy along with CBT and psychiatry visits for management of major depression. The continued use is

appropriate, acceptable and medically necessary in a very difficult clinical situation for depression.

1 prescription for Seroquel XR 50mg, #60: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); atypical antipsychotics and mental chapter, page 19.

Decision rationale: Seroquel is an atypical anti-psychotic. It is not recommended as 1st line treatment. Adding to an anti-depressant does not provide additional benefit for depressive symptoms. The claimant had difficulty with sleeping at night and had used the Seroquel nightly. There was no mention of bipolar disorder or schizophrenia. The depression was not well controlled with therapy, SSRI and Seroquel. Since it's not responding, alternative medications should be considered and the continued use of Seroquel is not medically necessary.