MAXIMUS Federal Services

Case Number:	CM15-0032056		
Date Assigned:	02/25/2015	Date of Injury:	06/15/2007
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
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: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 06/15/2007. The mechanism of injury was not provided. The documentation of 02/10/2015 revealed the injured worker's diagnoses included major depressive disorder, anxiety disorder NOS, and panic disorder without agoraphobia. The injured worker was noted to be currently engaged in medication management and psychotherapy to treat his debilitating and severe symptoms. The injured worker experienced some mild improvement with the current treatment; however, significant residual symptoms remain that continue to impair his function. Over the past year, the patient had attended 7 appointments that involved pharmacotherapy and psychotherapy. The psychotherapy approach was cognitive behavioral therapy and the emphasis was on identifying negative thoughts and beliefs that trigger anxiety and depression and replace those thoughts with more positive ones. The psychotherapy produced some improvement in coping skills, self-esteem, and some reduction in anxiety and depressive symptoms. The physician opined the injured worker would benefit from continued CBT sessions once a month. The physician additionally indicated that he had prescribed several medications to treat the injured worker's depression and anxiety symptoms. The current medications included Cymbalta, Lamictal, Prozac, BuSpar, Nuvigil, and Adderall. The current regimen was noted to be somewhat helpful; however, the injured worker was noted to have significant residual depressive and anxiety symptoms. The physician further opined the injured worker was a perfect candidate for transcranial magnetic stimulation because he had failed many antidepressants in the past due to side effects or a lack of efficacy and was currently receiving inadequate response from his polypharmacy regimen. The physician further

opined that TMS therapy would ultimately improve the injured worker's condition and reduce the reliance on so many medications. The list of failed antidepressants due to side effects or lack of efficacy included Zoloft, Wellbutrin, Wellbutrin SR, Abilify, Lexapro, lithium carbonate, and Celexa. The injured worker had not been treated with electroconvulsive therapy and was not indicated because of the cognitive side effects and the injured worker had not undergone transcranial magnetic stimulation first. The injured worker had severe depression and anxiety symptoms and significant social and occupational impairment associated with this condition. It was indicated that the injured worker was strongly recommended for 25 to 30 TMS treatments as the best clinical recommendation moving forward to treat major depression. Additionally, the recommendation was for 12 sessions of outpatient visits for a continuation of medication management. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

25-30 TMS (transcranial magnetic stimulation) treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Transcranial Magnetic Stimulation (TMS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Richieri, R., Guedj, E., Michel, P., Loundou, A., Auquier, P., Lançon, C., & Boyer, L. (2013). Maintenance transcranial magnetic stimulation reduces depression relapse: A propensity-adjusted analysis. Journal of affective disorders, 151(1), 129-135.

Decision rationale: Per Richieri, R., Guedj, et. al., (2013). "Maintenance TMS was associated with a significantly lower relapse rate in patients with pharmaco-resistant depression in routine practice among responders." The clinical documentation submitted for review indicated the injured worker had pharmaco-resistant depression. However, the request for 25 to 30 sessions would be excessive and would not allow for re-evaluation of treatment success. Given the above and the lack of documentation, the request for 25-30 TMS transcranial magnetic stimulation treatments is not medically necessary.

30 Lamictal 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lamictal: Anti-depressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend anti-epilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50%

and objective functional improvement. The clinical documentation submitted for review indicated the injured worker was being treated for depression. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 30 Lamictal 300 mg is not medically necessary.

15 Buspar 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Selective Serotonin Reuptake Inhibitors (SSRIs) treatment from of anxiety.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.drugs.com/buspar.html.

Decision rationale: Per Drugs.com, Buspar is an anti-anxiety medicine that affects chemicals in the brain that may be unbalanced and cause anxiety. The clinical documentation submitted for review failed to indicate the injured worker had signs or symptoms of anxiety. The efficacy for the requested medication was not provided. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 15 Buspar 30 mg is not medically necessary.