MAXIMUS Federal Services

Case Number:	CM15-0041254		
Date Assigned:	03/11/2015	Date of Injury:	12/11/2009
Decision Date:	07/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: New York
Certification(s)/Specialty: Internal 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 injured worker is a 68 year old male, who sustained an industrial injury on 12/11/09. He reported pain in the chest, neck, left, left shoulder, left wrist, left knee and left leg. The injured worker was diagnosed as having major depressive disorder and generalized anxiety disorder. Psychological factors affecting medical condition including stress intensified headache, neck/shoulder/back muscle tension and pain, shortness of breath, chest pain, palpitations, peptic acid reaction, constipation, and possible stress aggravated high blood pressure was noted. Treatment to date has included medications and psychiatric treatment. Currently, the injured worker complains of depression, anxiety, insomnia, stress-intensified headaches, neck pain, shoulder pain, back pain, chest pain, peptic acid reaction, and hypertension. The treating physician requested authorization for Buspar #60 with 2 refills, Sertraline #60 with 2 refills, Prosom #30 with 2 refills, Tylenol #4 #90 with 2 refills, Prazosin #30 with 2 refills, and Venlafaxine XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buspar #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), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter and Other Medical Treatment Guidelines Uptodate-Generalized anxiety disorder (GAD).

Decision rationale: As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. The "major depressive episodes" to which the above definition refers are the phases when the symptoms are present. These episodes are defined as: (1) a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities; (2) the individual also experiences at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep disturbance, psychomotor agitation or psychomotor retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicidal ideation/plans/attempts; & (3) the symptoms must persist for most of the day, nearly every day, for at least 2 consecutive weeks The injured worker has been on Buspar for anxiety disorder. Review of the Medical Records indicate that the symptoms of injured worker, who is suffering from depression, anxiety, insomnia, stress-intensified headaches, and chronic pain, have remained stable and are improving on the current regime. The requested treatment is medically necessary.

Sertraline #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, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter.

Decision rationale: As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details

that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. The "major depressive episodes" to which the above definition refers are the phases when the symptoms are present. These episodes are defined as: (1) a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities; (2) the individual also experiences at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep disturbance, psychomotor agitation or psychomotor retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicidal ideation/plans/attempts; & (3) the symptoms must persist for most of the day, nearly every day, for at least 2 consecutive weeks. As per MTUS -Sertraline is not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The injured worker has been on Sertraline and the Medical Records of do indicate that the symptoms of injured worker, who is suffering from depression, anxiety, insomnia, stress-intensified headaches, and chronic pain, have remained stable and are improving on the current regime. The requested treatment is medically necessary.

Prosom #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), Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter Benzodiazepines.

Decision rationale: As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. The "major depressive episodes" to which the above definition refers are the phases when the symptoms are present. These episodes are defined as: (1) a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities; (2) the individual also experiences at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep disturbance, psychomotor agitation or psychomotor retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicidal ideation/plans/attempts; & (3) the symptoms must persist for most of the day, nearly every day, for at least 2 consecutive weeks. As per ODG- Benzodiazepines are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness,

anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The Medical Records do indicate that the symptoms of injured worker, who is suffering from depression, anxiety, insomnia, stress-intensified headaches, and chronic pain, have remained stable and are improving on the current regime. The requested treatment is medically necessary.

Tylenol #4, QTY: 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tylenol with Codeine Page(s): 92.

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. Tylenol #4 has twice as much codeine as Tylenol #3. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The requested medication is not medically necessary.

Prazosin #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter and Other Medical Treatment Guidelines Uptodate.

Decision rationale: As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. The "major depressive episodes" to which the above definition refers are the phases when the symptoms are present. These episodes are defined as: (1) a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities; (2) the individual also experiences at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep disturbance, psychomotor agitation or psychomotor retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicidal ideation/plans/attempts; & (3) the symptoms must persist for most of the day, nearly every day, for at least 2 consecutive weeks. As per ODG- Benzodiazepines are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The Medical Records do indicate that the symptoms of injured worker, who is suffering from depression, anxiety, insomnia, stress-intensified headaches, and chronic pain, have remained stable and are improving on the current regime. The requested treatment is medically necessary.

Venlafaxine XR: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter.

Decision rationale: As per ODG-The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision. Washington, D.C., American Psychiatric Association, 2000) defines Major Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) This mental illness is typically manifested in phases "the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. The "major depressive episodes" to which the above

definition refers are the phases when the symptoms are present. These episodes are defined as: (1) a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities; (2) the individual also experiences at least four additional symptoms drawn from a list that includes changes in appetite or weight, sleep disturbance, psychomotor agitation or psychomotor retardation, decreased energy, feelings of worthlessness or guilt, difficulty thinking/concentrating/making decisions, recurrent thoughts of death or suicidal ideation/plans/attempts; & (3) the symptoms must persist for most of the day, nearly every day, for at least 2 consecutive weeks. According to the CA MTUS, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. In this case, the patient has symptoms of depression, anxiety, and stress-related medical complaints secondary to an industrial stress injury to the psyche. However, the frequency, dosage and duration has not been specified, therefore, the requested medication is not medically necessary and has not been established medication of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation.