

Case Number:	CM15-0048195		
Date Assigned:	03/20/2015	Date of Injury:	09/30/2007
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female, who sustained an industrial injury on 09/30/2007. The injured worker is currently diagnosed as having major depressive disorder and chronic pain. Treatment to date has included Repetitive transcranial magnetic stimulation, psychotherapy, and medications. In a progress note dated 02/20/2015, the injured worker reported feeling better and her back and neck pain are about the same intensity. The treating physician reported requesting a refill of Effexor and Remeron and waiting for authorization for group cognitive behavioral therapy for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, venlafaxine.

Decision rationale: The official disability guidelines indicate that Effexor is FDA approved for the treatment of depression and anxiety disorders. However, the most recent progress note dated February 5, 2015 indicates that the injured employee is doing better and Effexor was discontinued. This medication is not medically necessary.

Remeron: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

Decision rationale: Remeron is an antidepressant medication which is also often used to assist with insomnia. The progress note dated February 5, 2015 indicates that Remeron has been discontinued. This medication is not medically necessary.

6 visits of Group Cognitive Behavioral Therapy for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101 - 102.

Decision rationale: The progress note dated February 5, 2015 indicates that the injured employees doing better and reports fair sleep with episodic mild insomnia, which is an improvement from prior. Remeron, to assist with insomnia, has been discontinued. Considering this improvement, this request for six visits of cognitive behavioral therapy for insomnia is not medically necessary.