

Case Number:	CM15-0083555		
Date Assigned:	05/05/2015	Date of Injury:	08/20/2011
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/30/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This 56 year old female sustained an industrial injury to the low back and neck on 8/20/11. Previous treatment included magnetic resonance imaging, epidural steroid injections, psychiatric care, cognitive behavioral therapy and medications. In a psychiatric consultation dated 10/14/13, the injured worker was diagnosed with major depressive disorder, pain disorder with psychological factors and general medical condition, attention deficit disorder, polysubstance abuse disorder, personality disorder with dependent, passive aggressive and anti-social features and moderate psychosocial stressors. In a PR-2 dated 1/22/15, the injured worker reported that her mood had been euthymic, that she had felt good and positive and that she had been sober for the past 60 days. In a PR-2 dated 3/24/15, the injured worker reported having problems with her short term memory. The injured worker reported that she had been losing things, that her boyfriend had been negative, that she felt like she never had boundaries and that she could work with anyone. The physician noted that her affect was normal and appropriate. Current diagnoses included major recurring depression. The treatment plan included medications (Amitriptyline, Neurontin, Motrin, Trazadone and Concerta).

IMR ISSUES, DECISIONS AND RATIONALES

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

Concerta 36mg #60 plus 2 refills: Overturned

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 antidepressants Page(s): 113.

Decision rationale: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain and treatment of depression. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The medical records indicate the presence of major depression with pain that has not responded to first line agent of elavil. MTUS guidelines support concerta for treatment of depression when first line agent such as elavil has failed. Therefore the request is medically necessary.