

<b>Case Number:</b>	CM14-0119131		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 36 year old female with date of injury 8/22/2010. Date of the UR decision was 7/7/2014. She suffers from chronic pain in her right knee secondary to a work related injury. The injured worker has been diagnosed with Major Depression, Recurrent, and Severe without psychotic features overlying a dysthymic disorder and Generalized Anxiety Disorder. Report dated 10/15/2013 suggested that she had not received any sustained psychiatric treatment other than the Ativan prescribed by a Psychiatrist whom she saw for a couple of visits. Psychiatric report dated 1/30/2014 suggested that she presented as episodically depressed mood with daily anhedonia, avolition, hypersomnia (sleeps over 12 hours), increased appetite and weight gained "Gained all that I managed to lose and even more", decreased concentration, decreased self-esteem, poor energy level and psychomotor agitation. She stated that since she was taken off work about 2 weeks prior to this visit and she felt less anxious, but other symptoms were still present. She denied suicidal ideation and had been taking same dose of Effexor 225 mg and denied any side effects. She was given diagnosis of Major Depressive Disorder, Single Episode, Moderate and Adjustment disorder with anxiety per that report. The documentation suggests that she has been receiving psychotherapy on and off since October 2012. However the number of previously completed visits is unknown, there is no mention of objective evidence of functional improvement with prior treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Effexor XR 75mg #90 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Chapter

**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; Antidepressants for treatment of MDD (major depressive disorder)

**Decision rationale:** Antidepressants for treatment of MDD (major depressive disorder): Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. Drug selection criteria. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications:(1) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects;(2) In addition to the SSRIs, other anti-depressant medications that are likely to be optimal for most patients include Desipramine, Nortriptyline, Bupropion, and Venlafaxine;(3) Another group of antidepressant medications, called monoamine oxidase inhibitors (MAOIs), are not recommended as a primary treatment option, because they are associated with serious side effects, and they necessitate dietary restrictions. This category of medication should be considered only for cases that do not respond to other options. (American Psychiatric Association, 2006)The request for Effexor XR 75mg #90 1 refill is medically necessary for the continued treatment for the injured worker's mood symptoms. She has been diagnosed and treated for Major Depressive Disorder, Single Episode, Moderate and Adjustment disorder with anxiety and has had good results with the Effexor.

**Medication Management monthly x 6:** 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 Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness, Office visits, Stress related conditions

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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." Psychiatric report dated 5/23/2014 stated that she reported "Work is starting to get better", yet, she reported to feel worse due to hospitalization and surgery of his son and a death in the family. She reports more anxiety, feeling sad, but maintains her good sleep and physical activities, she denied suicidal ideation. She had been taking same dose of Effexor, 225 mg and denies any side effects. She was attending group therapy and stated that it helped a lot and she lost another 1.4 lb. She was given diagnosis of Major Depressive Disorder, Single Episode, Moderate and Adjustment disorder with anxiety per that report. The request for Medication Management monthly x 6 is excessive and not medically necessary based on the fact that the injured worker has been continued on the same medication i.e. Effexor for a long time and she has been improving. Such close monitoring, i.e. monthly medication management sessions are not clinically indicated.

**Continue group CBT weekly x 6:** 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): Cognitive Behavioral Therapy guidelines for chronic pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental illness chapter, Cognitive therapy for depression

**Decision rationale:** The injured worker is being treated for Major Depressive Disorder, Single Episode, Moderate and Adjustment disorder with anxiety. The documentation suggests that she has been receiving psychotherapy on and off since October 2012. However the number of previously completed visits is unknown, there is no mention of objective evidence of functional improvement with prior treatment. The request to Continue group CBT weekly x 6 is not medically necessary based on the lack of above mentioned information.