MAXIMUS Federal Services

Case Number:	CM14-0130010		
Date Assigned:	08/20/2014	Date of Injury:	11/29/2006
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/14/2014

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 Child & Adolescent 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:

The injured worker is a 61 year old male who was injured at work on 11/29/2006. He was working as a carpenter and kneeling at work on a knee protection when the next day he experienced severe bilateral knee pain. He was diagnosed with osteoarthritis; chondromalacia, bursitis, and a meniscal tear in his left knee. Later he underwent bilateral knee arthroscopies and in 2009 a left total knee replacement. He subsequently became increasingly dysphonic, feeling hopeless, helpless, discouraged, with racing thoughts and decreased libido. He was diagnosed with Major Depression and Generalized Anxiety Disorder. He has received psychiatric medication management with the addition of several psychotropic medications to alleviate his mental health symptoms. In May 2009 he was prescribed Pristiq, which improved his depression. In August 2009, Mirtazapine was prescribed, which helped his insomnia and depression. In February 2010, Focalin (Desmethylphenidate) was added to improve concentration. According to the 6/23/14 UR decision, the injured worker was certified for Pristiq #90 with 2 refills, a total of a 9 months' supply, similarly for Mirtazapine 30mg; and for Focalin, he was certified a total of 540 tablets or a 9 months' supply also.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 100mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): page 388. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness & Stress.

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 and Stress, Desvenlafaxine (Pristiq).

Decision rationale: MTUS is not applicable. The ODG indicate that Pristiq is recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (Desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor. The injured worker is diagnosed with Major Depression, so that Pristiq is an appropriate medication for the treatment of his condition. However, according to the 6/23/14 previous UR decision, the injured worker has already been certified for a 9 months' supply of this medication, so that the Pristiq 100mg #30 with 3 refills is not medically necessary and appropriate.

Mirtazapine 30mg with 3 refills: Upheld

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; Antidepressants.

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 and Stress, Antidepressants for the treatment of Major Depression.

Decision rationale: MTUS is not applicable. The ODG indicate that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. 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. There is no specific recommendation regarding the antidepressant medication Mirtazapine. Based on FDA approval, Mirtazapine is an appropriate medication for the treatment of the injured worker's Major Depression. However, according to the 6/23/14 previous UR decision, the injured worker has already been certified for a 9 months' supply of this medication, so that Mirtazapine 30mg with 3 refills is not medically necessary and appropriate.

Dexmethylphenidate 10mg #60: Upheld

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; Antidepressants.

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 and Stress.

Decision rationale: MTUS is not applicable. The ODG indicate that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. 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. 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. There is no specific recommendation regarding the use of Dexmethylphenidate. It is a medication in the stimulant class of medications which is approved for use in the treatment of Narcolepsy and Attention Deficit Hyperactivity Disorder (ADHD). The injured worker is not diagnosed with Narcolepsy. There is also no objective documentation which meets the diagnostic criteria for ADHD in this individual. The injured worker's symptoms of poor concentration can be adequately explained as symptoms secondary to Major Depression and Generalized Anxiety Disorder, without having to add the diagnosis of ADHD. Based on FDA approval, Dexmethylphenidate is not an appropriate medication for the treatment of the injured worker's Major Depression. Additionally, according to the 6/23/14 previous UR decision, the injured worker has already been certified for a 9 months' supply of this medication, so that Dexmethylphenidate 10mg #60 is not medically necessary and appropriate.