

Case Number:	CM14-0139746		
Date Assigned:	09/10/2014	Date of Injury:	05/02/2008
Decision Date:	10/15/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/28/2014

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 44 year old male with date of injury 5/2/2008. Date of the UR decision was 7/24/2014. He suffered injury to the back and legs while performing his work duties. He had undergone physical therapy, chiropractic treatment, back surgery, and medications. Report dated 7/25/2014 suggested that the injured worker was experiencing auditory hallucinations in form of people calling out his name and some indistinct voices; reported feeling depressed which he tried to manage by taking pain medications and sleeping per the report. He was experiencing concentration and memory problems, difficulties falling asleep and staying asleep. He attained a Beck Depression Inventory score of 38 indicating severe depression; score of 83 on State Trait Anxiety Index indicating acute stress. The report listed diagnosis of Pain disorder associated with Psychological factors and general medical condition; severe with psychotic symptoms and sleep disorder due to chronic pain; insomnia type.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Citalopram 10mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ChronicPain-Antidepressants Page(s): 141.

Decision rationale: The injured worker is being treated for pain disorder associated with psychological factors and general medical condition; severe with psychotic symptoms and sleep disorder due to chronic pain; insomnia type. There is no evidence suggestive of diagnosis of Major affective pathology for which Citalopram is usually indicated. Thus, the request for 1 Prescription of Citalopram 10mg #60 with 5 refills is not medically necessary.

1 Prescription of Geodon 20mg #30 with 5 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

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

Decision rationale: ODG states that Atypical Antipsychotics are not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. Injured worker is being treated for pain disorder associated with psychological factors and general medical condition; severe with psychotic symptoms and sleep disorder due to chronic pain; insomnia type. The request for 1 Prescription of Geodon 20 mg #30 with 5 refills is excessive and not medically necessary. The documentation does not support evidence for prescription of Geodon for 6 more months at this time. Geodon is FDA approved for Schizophrenia, Bipolar disorder and being used as off label in this case.