MAXIMUS Federal Services

Case Number:	CM14-0174011		
Date Assigned:	10/27/2014	Date of Injury:	07/18/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational Medicine 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:

This is a 50-year-old male with a 7/18/13 date of injury. The mechanism of injury involved running after a runaway cart and falling on his right shoulder. The patient had been managed by an orthopedic specialist for his bilateral shoulder issues, involving multiple right shoulder surgeries. An orthopedic visit note dated 10/8/14 stated that the patient expressed feelings of depression regarding his ongoing injury and pain and was referred to a psychiatrist for further evaluation. The patient was seen by a psychiatrist on 10/13/14, when the patient complained of difficulty with sleep and concentration, decreased mood, and irritability. Further psychological testing revealed that the patient's Beck Depression Inventory score was 40. In addition to the patient's bilateral shoulder injuries, the patient's diagnoses included major depression and chronic pain disorder associated with psychological factors and a general medical condition. The patient's medications included Norco 2.5/325mg, 1-2 tablets TID and Anaprox DS 550mg. The patient was prescribed Remeron 15mg, 1 tablet qHS #30, 5 refills, to address his dysfunctional sleep pattern and to stabilize his mood. A request for 12 follow-up visits to monitor and stabilize the patient on the medication was also submitted for review. Treatment to date: medications, right rotator cuff repair, open biceps tenodesis, excision of dital clavicle, and SLAP lesion repair (10/31/13), right shoulder arthroscopy, partial synovectomy of right shoulder and subacromial bursectomy (10/23/14), physical therapy, exercises, and stretches.An adverse determination was received on 10/21/14. The request for 12 sessions of medication management was not certified due to the lack of an accompanying medical report. The rationale for not certifying the request for Remeron 15mg, #30, was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remeron 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -(Pain Chapter-Antidepressants) (Mental Illness & Stress Chapter-Antidepressants for treatment of MDD) (Mental Illness & Stress Chapter-Antidepressants for treatment of PTSD) (Mental Illness & Stress Chapter-Insomnia treatment)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommend for diagnosing and controlling anxiety as an important part of chronic pain treatment. ODG also states that according to The American Psychiatric Association, many treatment plans for major depressive disorder start with a category of medication called Selective Serotonin Reuptake Inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. CA MTUS does not specifically address the medication Mirtazapine. However, ODG states that Mirtazapine can be considered for treatment of Post-Traumatic Stress Disorder (PTSD) and insomnia. There is less evidence to support its use for insomnia, but they may be an option in patients with coexisting depression. Due to ongoing bilateral shoulder pain since his injury date of 7/18/13, this patient began to experience feelings of depression and was subsequently evaluated by a psychiatrist. The patient had a Beck Depression Inventory Score of 40 and was diagnosed with major depressive disorder. He was prescribed Remeron 15mg, 1 tablet qHS #30, 5 refills, to address his dysfunctional sleep pattern and to stabilize his mood. According to The American Psychiatric Association, the standard of care for major depressive disorder begins with a trial of SSRIs due to demonstrated effectiveness and less severe side effects. Close monitoring for increased suicidality and unusual behavior changes is required especially during the initial few weeks. If full positive effects of the SSRI are not observed in the patient at 6-8 weeks, then either a change in medication or the addition of an adjunctive medication (i.e. Seroquel) may be considered. There was a lack of documentation as to what the rationale was for initiating Remeron in this case, given that no trial of SSRIs had been tried in the past and also since the adverse effects of Remeron (i.e. weight gain, diabetes mellitus, etc.) are more severe in comparison to those of SSRIs. Furthermore, it was unclear what the rationale was for prescribing Remeron with 5 refills without knowing if the patient will respond positively to this medication. Therefore, the request for Remeron 15mg #30 was not medically necessary.

12 Sessions of medication management, 1 time per month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: ACOEM Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156) Official Disability Guidelines (ODG) (Pain Chapter)

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise.This patient suffered from persistent bilateral shoulder pain since his injury date of 7/18/13 and was seen by a psychiatrist for signs and symptoms of depression. He was diagnosed with major depressive disorder, and Remeron 15mg, 1 tablet qHS #30, 5 refills, was initiated. With the initiation of antidepressant medications, close monitoring for increased suicidality and unusual behavior changes, especially in the initial few weeks of starting antidepressants, is required. The time for patients to experience full positive effects from antidepressants varies, with some patients having a stabilized medication dosage within only a few months. Although future sessions of medication management is appropriate to monitor and titrate the patient's antidepressant medication, the request for 12 sessions with the psychiatrist is not appropriate given that the patient's response time to the medication may be shorter. Therefore, the request for 12 sessions of medication management, 1 time per month, was not medically necessary.