

Case Number:	CM14-0181244		
Date Assigned:	11/06/2014	Date of Injury:	06/07/2011
Decision Date:	12/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/31/2014

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:

The injured worker is a 44 year-old male with date of injury of 06/07/011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/09/2014, lists subjective complaints as depressed mood with anhedonia, poor concentration, attention and memory, increased appetite and weight gain, worthlessness and guilt feelings, low energy and fatigue, irritability and anger, hopelessness and helplessness, and anxiety. Objective findings: Patient appeared cooperative, much less agitated and gloomy. Mild psychomotor agitation was noted. The patient seemed depressed and anxious. No suicidal ideation, no homicidal ideation, and no self-injurious thoughts. Patient has poor understanding of the need for psychopharmacological treatment and attributes improvement to improved sleep and decreased pain. Diagnosis: 1. Major depressive disorder, single episode, severe with psychotic features 2. Pain disorder associated with both psychological factors and a general medical condition. Original reviewer modified request to Effexor XR 75mg, #30 with no refills. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as two months. Medications: 1. Effexor XR 75mg, #30 SIG: one tablet at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 75mg capsule #30, one refill: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), SSRIs (selective serotonin reuptake inhibitors)

Decision rationale: According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The patient does carry a diagnosis of depression. I am reversing the previous utilization review physician's decision. Effexor XR 75mg capsule #30, one refill is medically necessary.