

Case Number:	CM14-0094905		
Date Assigned:	09/10/2014	Date of Injury:	05/21/2012
Decision Date:	10/06/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 & Neurology; Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

Records reviewed include 92 pages of medical and administrative records. The patient is a 49 year old male whose date of injury is 05/21/2012. The primary psychiatric diagnosis is depressive disorder not otherwise specified. The patient worked in maintenance in the [REDACTED]. He was gun-whipped to the side of the head when getting into his car at night, and was robbed of \$500. There was no loss of consciousness. This resulting in cervical strain, head contusion, and post-traumatic stress syndrome. Treatments to date have included injections, physical therapy, cognitive behavioral therapy, and medications. He suffered from fear of being around groups of people, strangers, freeway driving and sirens; he had flashbacks and nightmares of being chased and gunned down. AME of 03/05/14 notes that he was prescribed Prozac and lorazepam, and received psychotherapy initially at twice per week then decreasing until 12/13. He was prescribed Zoloft in 2012 but per patient report, he did not take it. He had nightmares and would awaken sweating and anxious but it slowly decreased in intensity and frequency. He was referred to [REDACTED] (psychiatrist) with anxiety, depression, headaches, and nightmares. He was prescribed several different medications, did modified work which increased to 8 hours per day at a school two minutes from his house. He felt anxious once, and occasionally twice, per week. He had begun a desensitization program in 11/12 and does not think about the incident as much. Although still apprehensive, he was not acutely anxious or severely depressed (rated in the mild range by examiner), but had anxiety and jitteriness, decreased self-image and self-esteem, and his sex life had decreased. Sleep was much better, nightmares were about once per week. Psychological testing showed the likelihood that he was overstating his symptoms (FK15, Lees-Haley Fake Bad Scale). Supplemental AME of 05/06/14 indicated that the patient was doing his regular work duties successfully, he had been

tapered off clonazepam, and it was recommended that the Viibryd be tapered down then discontinued. On 6/3/14 [REDACTED] reported that the patient was in relapse after a period of mood stability due to the Viibryd being discontinued. He started the patient on Brintellix with the hope that it will not cause sexual side effects like Viibryd.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brintellix 10mg Unknown Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and 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 Illness & Stress, Antidepressants for treatment of post-traumatic stress disorder.

Decision rationale: In records provided for review, the patient's anxiety and depression were objectively described as mild. Psychological testing indicated that there was likelihood that he was overstating and exaggerating his symptoms. In 03/14 his symptoms of anxiety and nightmares had decreased to approximately once per week. He was working 8 hours per day. [REDACTED] did not provide description of the patient's depressive symptoms in what he reported as a relapse in 06/14 after the Viibryd was discontinued. He had undergone a desensitization program and it is difficult to determine whether it was this program or the antidepressants or both which contributed to the improvement in his symptoms. Although ODG recommendations below indicate that PTSD responders to antidepressants may need to remain on these medications indefinitely, it is difficult to determine whether it was this program or the antidepressant that led to improvement in this patient's symptoms. In addition no further records were provided showing whether or not the patient was taking this medication, and what objective/subjective reports of symptoms there were. As such this request is not medically necessary.