

Case Number:	CM15-0120475		
Date Assigned:	07/01/2015	Date of Injury:	12/03/2013
Decision Date:	09/04/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old female, who sustained an industrial injury on December 3, 2013. She reported a pallet fell onto her head and shoulders. The injured worker was diagnosed as having post-traumatic stress disorder and major depressive disorder. An MRI of the brain was performed immediately after her injury and it was negative. Treatment to date has included psychopharmacology management, psychotherapy, and medications including anti-epilepsy, antidepressants, alpha-blocker, and non-steroidal anti-inflammatory. Her work status is modified including no lifting/carrying greater than 5 pounds, no pulling/pushing greater than 5 pounds, limited bending/stooping, limited sitting/standing, sit at will. Sit and stand at will and change positions as needed. Take breaks from working in a freezer environment. Her work per week is limited to 20 hours. On June 2, 2015, the treating physician noted the injured worker had resumed her medications two weeks prior. She reported headaches at the back of her head since stopping the Effexor. The injured worker reported an improving mood. Her mood was rated 7-8/10 at best. She reported continued tearfulness at times and hopelessness. She reported helplessness, which oftentimes when her pain is worse. Sleep difficulty includes only 3-4 hours of sleep with 2-3 interruptions and sometimes awakening with pain, anxiety, and depression. In the past month, she has had two nightmares. Effexor and Neurontin have improved her back pain, but the headaches and neck continue to be problematic. Her pain is rated: without medications = 9 and with Motrin = 4-5. She is currently working in a vocational placement store. The mental status exam revealed a cooperative and pleasant attitude, good eye contact, normal and brisk psychomotor activity, and linear, goal-directed, and coherent thought process. Her

mood was depressed and anxious with dysthymic, reactive, and tearful affect. There were no suicidal, homicidal, psychotic, or paranoid ideations. There were no delusions or hallucinations. There was grossly intact cognition, fair insight, good judgment and impulse control, intact abstractions, and average intelligence. The treatment plan includes an adjustment of the Effexor, continue Neurontin and Trazadone for sleep, titration of Prazosin for sleep and nightmares, and follow-up in four weeks. Requested treatments include: Effexor, Trazodone, Prazosin, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor ER 75mg #270, 3 by mouth everyday with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants for treatment of PTSD (post-traumatic stress disorder); Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Antidepressants for treatment of MDD (major depressive disorder); Antidepressants for treatment of PTSD (post-traumatic stress disorder).

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend antidepressants a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Venlafaxine (Effexor) has been approved by the Food and Drug Administration (FDA) for anxiety, depression, panic disorder and social phobias. Venlafaxine use off-label for fibromyalgia, neuropathic pain, and diabetic neuropathy treatment. The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The Official Disability Guidelines (ODG) states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The ODG recommends antidepressants for the initial treatment of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. The injured worker had been off her medications for three weeks. Since resuming the Effexor her symptoms of pain, depression, and post-traumatic stress disorder have improved. She is to follow-up in four weeks and her response to this medication along with the need to continue can be reassessed when she follows-up in four weeks where additional refills can be given, 1 refill would have been more appropriate. However based on the injured workers clinical response to treatment and the guidelines it appears that continued use of Effexor is appropriate. Therefore, the request for Effexor ER 75mg #270, 3 by mouth everyday with 2 refills is medically necessary.

Neurontin 600mg #270 (one by mouth three times a day) with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-17.

Decision rationale: Anti-epilepsy (anti-convulsants) drugs are recommended by the California Medical Treatment Utilization Schedule (CMTUS) guidelines as a first-line treatment for neuropathic pain (pain due to nerve damage). Gabapentin has been considered as a first-line treatment for neuropathic pain. The injured workers is noted to have back pain with radiculopathy, with documented improvement in symptoms with the use of gabapentin, the continued use of gabapentin is appropriate and therefore the request for Neurontin 600mg #270 (one by mouth three times a day) with 2 refills is medically necessary.

Trazodone 50mg, (1-2 by mouth every night at bedtime) #180 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Trazodone (Desyrel).

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The Official Disability Guidelines (ODG) recommends Trazodone (Desyrel) as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. The ODG recommends antidepressants for the initial treatment of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. The medical record does support that the injured worker has been diagnosed with a major depressive disorder and the treatment plan does not include electroconvulsive therapy. In addition, she is diagnosed post-traumatic stress disorder and has sleep difficulties. She is to follow-up in four weeks and her response to this medication along with the need to continue can be reassessed when she follows-up in four weeks. 1 refill would have been more appropriate, however in light of the injured workers clinical presentation the continued use of Trazodone is appropriate and therefore the request for Trazodone 50mg, (1-2 by mouth every night at bedtime) #180 with 2 refills is medically necessary.

Prazosin 2mg (titrate-3 by mouth every night at bedtime) #270 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, PTSD pharmacotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Antidepressants for treatment of PTSD (post-traumatic stress disorder).

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. Antidepressants are recommended for monotherapy by the ODG for the treatment of post-traumatic stress disorder (PTSD). Strongly recommend selective serotonin reuptake inhibitors (SSRIs) for the treatment of PTSD. Recommend tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) as second-line treatments for PTSD. Second-generation antidepressants (e.g., nefazodone, trazodone, venlafaxine, mirtazapine, bupropion) can be considered for post-traumatic stress disorder (PTSD) management. Prazosin can be considered for augmented management of nightmares and other symptoms of post-traumatic stress disorder (PTSD). The assessment of medication compliance is recommended at each visit. The medical record supports that the injured worker was diagnosed with post-traumatic stress disorder and nightmares. She has experienced two nightmares in the past month, which was decreased from two nightmares per week while she was off her medications. The continued use of Prazosin is medically necessary in this injured worker, therefore the request for Prazosin 2mg (titrate-3 by mouth every night at bedtime) #270 with 2 refills is medically necessary.