MAXIMUS Federal Services

Case Number:	CM15-0147213		
Date Assigned:	08/10/2015	Date of Injury:	12/16/2009
Decision Date:	10/13/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, Florida, California
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 50-year-old female who presented with an industrial shoulder injury on December 16, 2009 resulting in continued pain and problems with sleep. Secondary to this, she has received a diagnosis of major depressive disorder. She had been treated with psychotropic medication in the past but these were denied by her carrier and she stopped taking them in January, 2015. The injured worker presented to the psychiatrist on June 2, 2015 at the recommendation of her treating physician with complaints of "significant depression," sleeplessness, and fatigue, and was prescribed Duloxetine and Bupropion XL. July 6, 2015, she reported symptoms of anxiety. The treating physician's plan of care includes a request on July 9, 2015 for 30 tablets of Buproprion XL 200 mg with 3 refills, which was modified to 2 refills; and, 60 Duloxetine 60 mg with 3 refills which was modified to 2 refills. Rationale was that there was no evidence of functional benefit. A request was also made for 60 Lorazepam 1mg with 3 refills which was were non-certified with the recommendation of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buproprion XL 300mg #30, plus 3 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 ODG, Stress and Mental, Antidepressants.

Decision rationale: This claimant was injured in 2009 resulting in continued pain and problems with sleep. Secondary to this, she has received a diagnosis of major depressive disorder. She had been treated with psychotropic medication in the past but these were denied by her carrier and she stopped taking them in January 2015. The claimant saw the psychiatrist on June 2, 2015 at the recommendation of her treating physician with complaints of "significant depression," sleeplessness, and fatigue, and was prescribed Duloxetine and Bupropion XL. As of July, she also had anxiety. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. They address these medicines for pain, but not true depression. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit had been achieved out of the past antidepressant usage, how the activities of daily living had improved, and what other benefits have been. In addition, it seems prudent that a trial of the medicine be re-introduced, without automatically giving three refills, as it is premature to presume the medicine would have objective functional benefit without observation and documentation of the clinical outcome following a trial. The request as submitted was appropriately non-certified.

Duloxetine 60mg #60, plus 3 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) Pain chapter, under Antidepressants.

Decision rationale: As shared, this claimant was injured in 2009 resulting in continued pain and problems with sleep. There is a concomitant diagnosis of major depressive disorder. She had been treated with psychotropic medication in the past, but these were denied by her carrier and she stopped taking them in January 2015. The claimant saw the psychiatrist on June 2, 2015 at the recommendation of her treating physician with complaints of "significant depression," sleeplessness, and fatigue, and was prescribed Duloxetine and Bupropion XL. As of July, she also had anxiety. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the past antidepressant usage, how the activities of daily living had improved, and what other benefits have been. In addition, it seems prudent that a trial of the medicine be re-introduced, without refills, as it is premature to presume the medicine would have objective functional benefit. The request as submitted was appropriately non-certified.

Lorazepam 1mg #60, plus 3 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: Again, as previously noted, this claimant was injured in 2009 resulting in continued pain and problems with sleep. Secondary to this, she has received a diagnosis of major depressive disorder. She had been treated with psychotropic medication in the past but these were denied by her carrier and she stopped taking them in January, 2015. The injured worker presented to the psychiatrist on June 2, 2015 at the recommendation of her treating physician with complaints of "significant depression," sleeplessness, and fatigue, and was prescribed Duloxetine and Bupropion XL. As of July, she reported symptoms of anxiety. Regarding benzodiazepine medications, the guides capture that they are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, with so many refills, the use would be well beyond 4 weeks. The request as it was submitted for review was appropriately non-certified following the evidence-based guideline.