MAXIMUS Federal Services

Case Number:	CM15-0128734		
Date Assigned:	07/15/2015	Date of Injury:	06/03/2014
Decision Date:	10/08/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/03/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 44-year-old male sustained an industrial injury on 6/3/14. The injured worker was receiving ongoing care for anxiety and depression with psychiatric care, medication management and group therapy. In a progress note dated 5/28/15, the injured worker reported feeling better. The injured worker stated that he was more functional, more focused and had more energy. The injured worker reported less severity of depression, less anhedonia and better control of anxiety. The injured worker reported no panic attacks since his last visit. The injured worker stated that anxiety group was very helpful. The physician as cooperative, likeable, friendly, less anxious and less depressed with improved concentration described the injured worker. The injured worker still lost the line of the interview episodically and required repetition of questions and redirection. Current diagnoses included panic disorder with agoraphobia, moderate major depressive disorder, insomnia related to panic disorder and depression, diabetes mellitus, hypertension, obesity, chronic back pain and financial hardship. The treatment plan included continuing medications (Effexor XR, Trazodone and Wellbutrin XL), a prescription for Belsomra and continuing psycho educational group therapy and anxiety group therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 150mg one tablet every morning (75mg #60) with 2 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, Procedure Summary, Online Version, Anti-depressants.

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 MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with panic disorder with agoraphobia, moderate major depressive disorder, insomnia related to panic disorder and depression. Upon review of the submitted documentation, there has been functional improvement with the medication. However, the injured worker continues to be on three different antidepressants including Effexor XR, Trazodone and Wellbutrin XL. The request for a three-month supply of the medication is excessive and not medically necessary. It is to be noted that the UR physician authorized a one-month supply.

Trazodone 150mg one tablet at bedtime (50mg #30) with 2 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, Trazodone (Desyrel).

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 MDD (major depressive disorder); Trazodone; Insomnia treatment.

Decision rationale: The injured worker has been diagnosed with panic disorder with agoraphobia, moderate major depressive disorder, insomnia related to panic disorder and depression. Upon review of the submitted documentation, there has been functional improvement with the medication. However, the injured worker continues to be on three different antidepressants including Effexor XR, Trazodone and Wellbutrin XL. The request for a three-month supply of Trazodone 150mg one tablet at bedtime (50mg #30) with 2 refills is excessive and not medically necessary. It is to be noted that the UR physician authorized a one-month supply.

Wellbutrin XL 300 one tablet every morning (300mg #30) with 2 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, Online Version, Bupropion (Wellbutrin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin).

Decision rationale: MTUS states "Bupropion (Wellbutrin(R)), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown, some efficacy in neuropathic pain there is no evidence of efficacy in patients with nonneuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" The injured worker has been diagnosed with panic disorder with agoraphobia, moderate major depressive disorder, insomnia related to panic disorder and depression. Upon review of the submitted documentation, there has been functional improvement with the medication. However, the injured worker continues to be on three different antidepressants including Effexor XR, Trazodone and Wellbutrin XL. The request for a three-month supply of Wellbutrin XL 300 one tablet every morning is excessive and not medically necessary. It is to be noted that the UR physician authorized a one-month supply.

Belsomra 10mg one tablet at bedtime, quantity unspecified: 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, Online Version, Suvorexant (Belsomra).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress/ Insomnia treatment and Other Medical Treatment Guidelines FDA.gov: Belsomra (suvorexant).

Decision rationale: The U.S. Food and Drug Administration approved Belsomra (suvorexant) tablets for use as needed to treat difficulty in falling and staying asleep (insomnia). Belsomra is an orexin receptor antagonist and is the first approved drug of this type. Orexins are chemicals that are involved in regulating the sleep-wake cycle and play a role in keeping people awake. Belsomra alters the signaling (action) of orexin in the brain. Per ODG guidelines, sleep medications are not indicated for long-term use. The request for Belsomra 10mg one tablet at bedtime does not specify the quantity being request and thus it is not medically necessary.

Group CBT Weekly x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Online Version, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Upon review of the submitted documentation, it is indicated that the injured worker has participated in anxiety groups. There is no clear information regarding the number of groups completed or any evidence of objective functional improvement with the group therapy. The request for Group CBT Weekly x 6 is not medically necessary based on lack of information regarding the response from prior treatment.

Continue psychoeducational group therapy and anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Online Version, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Upon review of the submitted documentation, it is indicated that the injured worker has participated in anxiety groups. There is no clear information regarding the number of groups completed or any evidence of objective functional improvement with the group therapy. The request for additional psycho educational group therapy and anxiety, unspecified quantity is not medically necessary based on lack of information regarding the response from prior treatment.