

Case Number:	CM13-0004794		
Date Assigned:	01/29/2014	Date of Injury:	01/24/2012
Decision Date:	04/11/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/31/2013

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, and is licensed to practice in Connecticut. 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 claimant is a 45-year-old woman with date of injury of 1/24/2012 when she witnessed the a fight while carrying out her customary duties for the [REDACTED]. She has since developed Posttraumatic Stress Disorder and Depression NOS. 8/22/12 she is noted to have improved anxiety levels with fewer intrusive thoughts as she proceeds through exposure therapy. A chart note on 8/23/12 note that her symptoms include panic attacks, fugue states, difficulty with focus, depression, tearfulness, sleep and appetite disturbance. 12/13/12 patient is noted to be "nervous, anxious . paranoid, depressed mood, no motivation/desire to do much" and separately it was documented on that day that she completed exposure therapy with "success." 12/31/12 working towards becoming RN, encourage activities that would reduce isolation. Issue of guilt resulting from incident that lead to job loss. 4/13/13 she is getting less disoriented when driving 5/6/13 she is noted to be more stable but remains with anxiety and panic 7/2/13 she has increased anxiety and depression and is paranoid but not overtly psychotic 10/30/13 it is noted that she still is in Cognitive Behavioral Therapy treatment (CBT) 10/31/13 she is noted to still have nightmares related to the bludgeoning she witnessed though these are more sporadic 11/30/13 she is doing well with studies. Besides RN studies she is also learning languages and beading! 12/31/13 it was noted that she was doing well with her RN studies and trying to find a support group for her anxiety 1/6/14 she was seen by her psychiatrist and noted to be "nervous, anxious, irritable, paranoid, depressed." At various points throughout her treatment she has been switched between benzodiazepines none of which appear to have been very useful in helping her get a handle on and ahead of her anxiety. Overall she appears to be doing better in treatment than when she started. Many of her symptoms are just intermittent and those which are more regular are less debilitating as evidenced by her functional improvement in terms of her participating in and managing her studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED COGNITIVE BEHAVIORAL THERAPY #12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ODG guidelines for depression recommend 6 visits of CBT over 6 weeks and then with functional improvement, a total of up to 13-20 visits over 13-20 weeks. Extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders." Given that the patient remains with symptoms but is showing functional improvement, as per the above guidelines continued CBT for 12 further sessions is indicated and medically necessary.

ATIVAN 1MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): s 24-25.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines, pg 24 (58) "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." This patient has been switched between various benzodiazepines none of which appear to have been especially useful in helping her get a handle on and ahead of her anxiety. As per the referenced guideline, Ativan 1mg #90 is not medically necessary.

SAVELLA 50MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (SELECTIVE SEROTONIN AND NOREPINEPHRINE REUTAKE INHIBITORS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: The MTUS Chronic Pain guidelines noted that SNRIs are indicated for anxiety and depression. Savella is a serotonin norepinephrine reuptake inhibitor (SNRI.) The California MTUS states that SNRIs are effective for treating depression. The ODG Guidelines say specifically about Savella that it is "well tolerated, with a low potential for pharmacokinetic drug-drug interactions. Milnacipran (Savella) is a first-line therapy suitable for most depressed patients. It is frequently successful when other treatments fail for reasons of efficacy or tolerability." Chart note of 10/16/12 notes that she is doing "better" and "tolerating the high dose of Savella." In the context of the guidelines supporting its use and given that the patient has depression and anxiety and is responding to the medication, Savella 50mg #60 is medically necessary.

ABILIFY 10MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON LISTED

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): s 386, 402.

Decision rationale: Abilify is an antipsychotic. The ACOEM notes that "Continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work." Though it also notes that "antipsychotic medication may be prescribed for major depression or psychosis." This patient has been noted to have paranoia with her depression and anxiety symptoms. The ODG Guidelines note that antipsychotics are "not recommended as first-line treatment." But as augmentation antipsychotics are used frequently in clinical practice for treatment of conditions on both the mood and anxiety spectra. Furthermore, chart notes from 3/31/13 quote the patient as saying that "Abilify is really helping me." Given that the guidelines recommend that continuing an already initiated course is important and it's stating that antipsychotics could be used for depression and paranoia as well as the fact that this patient has depression and paranoia which is responding to the Abilify, it's continued use is indicated and Abilify 10mg #30 is thus medically necessary.