MAXIMUS Federal Services

Case Number:	CM13-0013940		
Date Assigned:	03/26/2014	Date of Injury:	08/28/2006
Decision Date:	05/20/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/20/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [redacted] employee who has filed a claim for major depressive disorder, obsessive-compulsive disorder, eating disorder, and alcohol abuse reportedly associated with an industrial injury of August 28, 2006. Thus far, the applicant has been treated with the following: Psychotropic medications; anxiolytic medications; and medications to prevent relapse of alcoholism. In a utilization review report of July 29, 2013, the claims administrator partially certified a request for unspecified amounts of psychotherapy as six sessions of psychotherapy. Xanax was apparently partially certified for weaning purposes. Prozac was also apparently partially certified either for weaning purposes and/or for purpose of documenting the applicant's successful response to the same. Antabuse was also partially certified, again either for weaning purposes or to establish the presence of improvement through prior usage of the same. The applicant's attorney subsequently appealed. In a psychiatric progress note of January 24, 2013, the applicant states that she has been clean and sober for 30 days. Antabuse is apparently facilitating the same. The applicant states that her anxiety, tension, irritability, panic attacks, and depression are all reportedly reduced. Portions of the note have been apparently truncated owing to repetitive photocopying and faxing. In a medical-legal evaluation of July 25, 2013, it is stated that the applicant's attending provider wrote on April 18, 2013 that ongoing usage of Prozac, Antabuse, and Xanax was diminishing the applicant's mental health issues, including depression, anxiety, and frequency of pain attacks. It was stated that the applicant had apparently been hospitalized on several occasions in a psychiatric facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Mental Illness & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405. Decision based on Non-MTUS Citation MTUS: ACOEM, 15, 405,398

Decision rationale: While the MTUS Guideline in ACOEM Practice Guidelines in Chapter 15 does support exploration of psychotherapy, relaxation techniques, behavioral techniques, cognitive techniques, exercise, education, and specialty referral as initial treatment techniques, the ACOEM Practice Guidelines does not establish specific treatment duration for psychotherapy for stand-alone mental health issues, as are present here. ACOEM Practice Guidelines do note, however, on page 405 that the frequency of follow-up visits should be dictated by the severity of symptoms as well as whether or not an applicant was referred for further testing and/or psychotherapy. In this case, the applicant has already had prior unspecified amounts of psychotherapy over the life of the claim. The attending provider has not clearly detailed the applicant's earlier response to the same. The bulk of the information on file represents a medical-legal evaluation as opposed to the notes of the treating providers. There wasn't any clear evidence of a favorable functional outcome following earlier psychotherapy that was provided. The applicant remains off of work and remains highly reliant and highly dependent on multiple psychotropic medications. Accordingly, the request for additional psychotherapy is not medically necessary and appropriate.

RETROSPECTIVE/PROSPECTIVE USAGE OF XANAX 2MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 15, page 402, anxiolytic medications such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms or to achieve a brief alleviation of symptoms so as to allow the applicant to recoup emotional and physical resources, in this case, however, the attending provider is seemingly seeking to employ Xanax, both retrospectively and prospectively, on a scheduled basis, as opposed to on a short-term, as-needed basis. This is not an approved indication for Xanax, per page 402 of the MTUS-adopted ACOEM Practice Guidelines in Chapter 15, which only supports brief usage of Xanax for short periods of time. Therefore, the request is not medically necessary and appropriate.

RETROSPECTIVE/PROSPECTIVE USAGE OF PROZAC 20MG # 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 15, page 402, antidepressants take some time to exert their maximal effect. In this case, the applicant does have ongoing issues with depression, anxiety, and mood disorder. Continued usage of Prozac to combat the same does appear to be more appropriate than discontinuing the same, particular since the attending provider has seemingly documented some improvements in mood, anxiety, and/or reduction in panic attacks reportedly achieved as a result of ongoing Prozac usage. Therefore, the request is medically necessary and appropriate.

RETROSPECTIVE/PROSPECTIVE USAGE OF ANTABUSE 250MG #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PHYSICIANS' DRUG REFERENCE (PDR), ANATBUSE MEDICATION GUIDE

Decision rationale: The MTUS does not address the topic. As noted in the Physicians' Drug Reference (PDR), Antabuse or disulfiram is indicated in the management of select chronic alcohol patients who want to remain in a state of enforced sobriety so that supportive and psychotherapeutic treatment may be applied to best advantage. In this case, the attending provider has seemingly posited that ongoing usage of Antabuse has allowed the applicant to remain sober for a period of 30 days. The applicant is a longstanding alcoholic, it is noted. Ongoing usage of Antabuse (disulfiram) does appear to be appropriate, given all the above. Therefore, the request is medically necessary and appropriate.