MAXIMUS Federal Services

Case Number:	CM13-0014484		
Date Assigned:	09/27/2013	Date of Injury:	09/26/2005
Decision Date:	02/12/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 physician 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 patient is a 57 year old male with a date of injury of 9/26/2005. Under consideration is a prospective request for 10 days participation in HELP outpatient drug optimization detoxification services, 1 sleep study, an unknown concurrent treatment with [redacted] (psychiatrist) while at the HELP program, an unknown concurrent psychiatric and psychological treatment with [redacted], l prescription of Cytomel 25 mcg, 1 prescription of Desipramine 25mg, and 1 prescription of Clonazepam 0.5mg. According to available documentation the patient had been diagnosed with pain disorder which was associated with psychological factors and a general medical condition, major depressive disorder, anxiety disorder, and panic disorder. Per the evaluation performed by [redacted] on 8/1/2013, the patient had received Suboxone with relief of symptomatology. Objective findings revealed no acute intoxication or withdrawal, normal speech, good eye contact, no overt pain behaviors, he was endorsing good pain relief, was oriented to person, place, time and situation, had intact cognition and memory, a depressed mood, his affect was full range, he had no evidence of psychomotor agitation or retardation, he denied delusions or hallucinations, his thought was goal-directed, and he denied suicidal ideation. The provider noted the patient was stable on Suboxone and continued detoxification was medically necessary. â¿¿

IMR ISSUES, DECISIONS AND RATIONALES

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

Concurrent treatment with psychiatrist [redacted] while at the HELP program:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The HELP Program falls under one of "the most commonly referenced programs"' that are identified in the MTUS Chronic Pain Guidelines as interdisciplinary pain programs involving a team approach that is outcome focused, coordinated, and offers goal-oriented interdisciplinary services. As such, the request for treatment with a psychiatrist at the HELP program is medically necessary and appropriate.

Concurrent psychiatric and psychological treatment with [redacted] Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: The HELP Program falls under one of "the most commonly referenced programs"' that are identified in the MTUS Chronic Pain Guidelines as interdisciplinary pain programs involving a team approach that are outcome focused, coordinated, and offer goal-oriented interdisciplinary services. As such, the request for concurrent psychiatric and psychological treatment with [redacted] is medically necessary and appropriate.

One prescription of Cytomel 25mcg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Working Group on the Management of Major Depression in Adults. Clinical practice guideline on the management of major depression adults. Madrid: Ministry of Health and Consumer Affairs, Galician health Technology Assessment Agency (HTA) (avalia-t); 2009. 120 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse, section on Major Depressive Disorder.

Decision rationale: The ACOEM, the MTUS Chronic Pain Guidelines, and the Official Disability Guidelines are all silent with respect to Cytomel. Therefore alternate guidelines were sought. Cytomel also known as liothyronine is a thyroid hormone which typically treats hypothyroidism. The National Guidelines Clearinghouse in the section on treatment of major depressive disorder recommends the use of augmenting the initiated treatment with lithium or

triiodothyronine if the patient had not improved at the third or fourth week. The National Guidelines Clearinghouse supports a one month supply of Cytomel, and as such the request for one prescription of Cytomel 25 mcg is medically necessary and appropriate.

One prescription of Desipramine 25mcg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

Decision rationale: The MTUS Chronic Pain Guidelines state the following on Tricyclics, "Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." This patient had pain, and Desipramine is not addictive, helpful for pain, and well suited to help this patient get off opiates and benzodiazepines. The request for one prescription of Desipramine 25mcg is medically necessary and appropriate.

Clonazepam 0.5 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pan (Chronic)

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to the medical records provided for review, this patient's very problem was physical dependence/addiction to opiates and benzodiazepines. He was enrolled in a multidisciplinary program under doctor's supervision to taper him off of opiates and benzodiazepines. As such, low dose 0.5 mg Clonazepam for a finite period of time is medically necessary to prevent grave consequences. The request for 1 prescription of Clonazepam 0.5mg is medically necessary and appropriate.