

<b>Case Number:</b>	CM13-0021507		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine and is licensed to practice in Florida. 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:

This patient is now a 54-year-old male with a date of injury of 03/07/02. Relevant documents reviewed in the process of making this determination include reports / agreed medical evaluation (AME) from 401 Diagnostic / [REDACTED] from 12/13/04, AME / psychiatric assessment per [REDACTED] from 3/16/10, multiple notes from [REDACTED]. Medical records document the patient's mechanism of injury was ground level fall while attempting to change a tire resulting in injury to the left shoulder and neck. The patient underwent acromioplasty of the left shoulder on 9/17/02. The patient's ongoing subjective complaints have included emotional response to the injury including trouble sleeping, excessive tiredness, irritable mood, guilt, and apathy. The patient was diagnosed with major depressive disorder. Treatment plans per [REDACTED] on included psychotherapy x 12 sessions as well as medications Celexa, Lamotrigine, and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 12 psychotherapy visits on monthly or prn basis:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** Under review is the decision for psychotherapy x 12 for the management of the patient's symptoms. Per review of the Chronic Pain Medical Treatment Guidelines and ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, one is to consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. This is a chronic problem and the patient does not seem to have significant worsening of disease. Per AME per [REDACTED] on 3/16/10, future psychiatric treatment would not have much to offer this patient. A course of additional psychotherapy is not medically appropriate for this patient in this context.

**Request for prescription of Zolpidem 10mg @ HS prn #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter Zolpidem (Ambien).

**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

**Decision rationale:** Under review is the decision for Zolpidem 10mg daily HS for the management of the patient's symptoms. Per review of the ODG, Zolpidem is recommended as a short-term treatment of insomnia. The patient's symptoms appear to be chronic and Zolpidem would not be of long-term benefit. A course of Zolpidem is not medically appropriate for this patient in this context.

**Request for prescription of Lamotrigine 25 mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** Under review is the decision for Lamotrigine 25mg BID for the management of the patient's symptoms. Per review of the Chronic Pain Medical Treatment Guidelines, AED's (Anti-Epilepsy Drugs) are recommended as a treatment for neuropathic pain or pain due to nerve damage. A course of Lamotrigine is not medically appropriate for this patient in this context.

**Request for prescription of Celexa 40 mg QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Forest Pharmaceuticals (February 2005) Celexa (citalopram).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Online, Citalopram: Drug information

**Decision rationale:** Under review is the decision for Celexa 40mg daily for the management of the patient's symptoms. Per review of the UTDOL - Lexicomp (MTUS is silent in regards to Celexa), Celexa is a Selective Serotonin Reuptake Inhibitor and is approved by the FDA as a treatment for depression. It appears from review of the medical record, the patient continues to have multiple features of depression despite this medication. As above, review of AME from [REDACTED] in 2010 indicates that continued psychiatric treatment would not have much to off the patient. A course of Celexa is not medically appropriate for this patient in this context.

**Request for prescription of Ambien 10 mg HS prn #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter Zolpidem (Ambien).

**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

**Decision rationale:** Under review is the decision for Ambien (Zolpidem) 10mg daily HS for the management of the patient's symptoms. Per review of the ODG, Zolpidem is recommended as a short-term treatment of insomnia. The patient's symptoms appear to be chronic and Zolpidem would not be of long-term benefit. A course of Zolpidem is not medically appropriate for this patient in this context.