

Case Number:	CM13-0023528		
Date Assigned:	11/15/2013	Date of Injury:	06/12/2012
Decision Date:	01/30/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/12/2013

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:

This case involves a 58-year-old female with a date of injury cumulative from March 9, 2000 through June 12, 2012. There are numerous records of visits with physicians, many for work-related injuries, dating back to January 1978. The most recent of these, physician visit number one hundred thirteen on 4-15-2013, included multiple complaints. The findings included severe disc space narrowing at C5-6 with a 3 mm disc osteophyte complex indenting the anterior cord. She has had symptoms referable to the cervical spine, right/left elbow, right/left wrist/hand, lumbosacral spine, and right/left knees. She attributes these symptoms to the industrially related accident that occurred on May 27, 2009, as well. She has had depressive and anxiety symptoms. The patient has been treated with Norco, Soma, Ketorolac, Dexamethasone, Naproxen, Prilosec, Darvocet, Ibuprofen, and anxiety medications. The current review is to determine medical necessity for Zoloft, Ativan and Cymbalta, as well as for psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12-24 months prescription for Zoloft 25mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental and Stress: Sertraline; and the Official Disability Guidelines: Mental and stress: Antidepressants - SSRI's versus tricyclics (class).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: Guidelines address the use of SSRI medications as follows: "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain...". Zoloft is an SSRI. This patient has had prominent, well-documented Axis I and Axis II pathology and has had active and robust psychiatric medication management that has been well documented. The patient's global status is worsened by longstanding and repeated medical and psychiatric pathology, clearly documented in the records provided. Zoloft has been a useful tool for this relatively treatment-refractory patient. Zoloft is medically necessary for 12-24 months.

12-24 months prescription for Ativan 1mg: 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: Lorazepam and Benzodiazepines, and Mental and health: Insomnia treatment.

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

Decision rationale: According to guidelines, benzodiazepines are 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 benzodiazepine use is 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 on Ativan since at least 7-24-13. Guidelines cited above limit use to no more than six weeks. The requested interval of time for treatment with Ativan exceeds guidelines and as such is not medically necessary

12-24 months prescription for Cymbalta 20mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta®) Page(s): 43.

Decision rationale: According to Guidelines, Duloxetine (Cymbalta®) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta®) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for

treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia. Duloxetine is medically necessary for 12-24 months.

24 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental and stress: Psychotherapy for depression and Cognitive therapy for depression

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

Decision rationale: The guidelines are clear that a total of up to 6-10 visits are recommended. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Because the request for 24 psychotherapy sessions exceeds the MTUS recommendations, it is not medically necessary.