

Case Number:	CM13-0028581		
Date Assigned:	01/10/2014	Date of Injury:	09/14/2002
Decision Date:	03/27/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/25/2013

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 Neurology, has a subspecialty in Geriatric Psychiatry and Addiction Medicine and is licensed to practice in California and Texas. 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 52 year old male whose original date of injury is 09/14/2012. He carries the diagnoses of major depressive disorder severe with psychotic features, PTSD (posttraumatic stress disorder), and pain disorder associated with a general medical condition and psychological factors. Current medications include Ativan 2mg BID, Valium 10mg QD, Seroquel 400mg at bedtime, Cymbalta 60mg, and Viagra 100mg. AME by [REDACTED] of 03/07/2009: The patient was described as nervous and depressed, had suicidal ideation without plan or intent, anxiety attacks. He had nightmares and visual flashbacks of his accident, he had lost interest in sex, and even with Viagra he just attained a partial erection. No hallucinations in any modality were reported. Medications included Cymbalta, diazepam, Seroquel, Viagra, hydrocodone with Tylenol, Norflex, bupropion, and mirtazapine. 06/28/13 supplemental report, utilization review request by [REDACTED], licensed psychologist. He notes that the patient reported that the medications relax him and he can deal better with his pain. The patient is under the care of a psychiatrist and has participated in biofeedback and psychotherapy. He continued to experience anxiety, depressed mood, thoughts of suicide without plan or intent, sleep disturbance, difficulty concentrating with memory lapses, flashbacks of the industrial accident, and auditory hallucinations. [REDACTED] felt that due to the patient's permanent and stationary condition his continued participation in psychiatric treatment is necessary to help him maintain stability and prevent deterioration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg: Upheld

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

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

Decision rationale: CA-MTUS 2009: 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). Although it may appear that the patient has been receiving benefit from the Ativan, per CAMTUS 2009 and most comprehensive texts/journals that discuss long term benzodiazepine use, it is commonly accepted that tolerance develops to the anxiolytic effect of these agents in a very short period of time. As such there is an absence of good evidence to support the long term use of benzodiazepines as potent anxiolytics. It is commonly accepted that their amnesic and disinhibiting responses outweigh the benefits in long term use. therefore, the request Ativan 2mg is not medically necessary and appropriate.

Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Duloxetine.

Decision rationale: Per CA-MTUS, Duloxetine (Cymbalta®): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Per ODG: Recommended. Duloxetine (Cymbalta), an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder. Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. This patient has an ongoing history of major depression, PTSD (posttraumatic stress disorder), and pain. It is recognized that Cymbalta is effective in treating not only major depression but also for the treatment of neuropathic pain. As such its use in patients such as this would be beneficial. Therefore, its continuing use should be supported. Cymbalta 60mg is therefore certified as being medically necessary and

Valium 10mg: Upheld

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

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

Decision rationale: Per CA-MTUS 2009: 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). Although it may appear that the patient has been receiving benefit from the Ativan, per CAMTUS 2009 and most comprehensive texts/journals that discuss long term benzodiazepine use, it is commonly accepted that tolerance develops to the anxiolytic effect of these agents in a very short period of time. As such there is an absence of good evidence to support the long term use of benzodiazepines as potent anxiolytics. It is commonly accepted that their amnesic and disinhibiting responses outweigh the benefits in long term use, therefore, the request for Valium 10mg is not medically necessary and appropriate.

Seroquel 400mg:

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Procedure Summary-Mental & Stress, Quetiapine.

Decision rationale: From the reports provided there is no clear indication for the use of Seroquel in this patient. Seroquel's use is clearly delineated for the implementation in either schizophrenia, bipolar disorder, or augmentation for major depression. None of the aforementioned conditions are highlighted in this review. It appears that the dose being used here is a nonspecific dose given for sleep and/or anxiolysis. Under ODG recommendations there is insufficient evidence to support its use. Therefore, Decision for Seroquel 400mg is not medically necessary and appropriate.

monthly medication management sessions: Overturned

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

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

Decision rationale: Per ACOEM guidelines: Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Monthly medication visits are indicated in order to monitor efficacy, make dosage adjustments when warranted, assess for the presence of side effects, and monitor on an ongoing basis the severity of the symptoms being treated. As such, monthly medication management visits are medically necessary and appropriate.