MAXIMUS Federal Services

Case Number:	CM13-0040411		
Date Assigned:	12/20/2013	Date of Injury:	12/27/1996
Decision Date:	04/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/04/2013

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 Psychiatry and Neurology 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 68 year old female with date of injury 12/27/1996. Date of UR decision was 09/19/2013. Industrial injury in 1996 resulted in low back, knee pain and associated psychiatric injury. She has been receiving treatment for psychiatric complaints since at least 2002 off and on, per the submitted documentation. Progress report on 11/26/12 lists subjective complaints of anxiety, depression, impaired concentration/memory, nightmares, periods of crying. Objective finding is "depressed". Wellbutrin, melatonin and paxil are being prescribed and a trial of gabapentin is initiated for pain/sleep. PR from 8/12/2013 lists the injured worker's affect as euthymic. BDI score is 18 and BAI score is 33. Has diagnosis of Major Depressive disorder, single episode, moderate to severe, non psychotic; Pain ds due to both physiological factors and General medical condition; and Psychological factors affecting medical condition. She is "stable on meds". Most recent medications include paxil 50 mg qhs, wellbutrin sr 150 mg bid, neurontin 100mg 1-3 tabs qhs. No medication changes were made that day and follow up was to be scheduled in 8-10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) MEDICAL MANAGEMENT SESSIONS BETWEEN 5/2/13 AND 5/2/14:
Upheld

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

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

Decision rationale: According to CA MTUS 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." ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The injured worker has been receiving medication management for over 10 years. The most recent progress report from 8/12/2013, states that the injured worker is stable on meds. The request has been made for 8 medication management sessions over a year i.e. frequency of q6 weeks. The injured worker has been receiving psychotropic medications for the past several years and is relatively stable compared to the past. The frequency of q6 weekly follow ups seems excessive. Thus the medical necessity of 8 medication management sessions cannot be affirmed.

PRESCRIPTION FOR NEURONTIN100MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 18.

Decision rationale: MTUS states "Gabapentin (NeurontinÂ®, Gabaroneâ¿¢, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherapuetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. Gabapentin in combination with morphine has been studied for treatment of

diabetic neuropathy and postherapuetic neuralgia. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of gabapentin and gabapentin-like compounds results in decreased opioid consumption. PR from 11/26/12 states that Neurontin was started for night time pain and sleep. From the submitted documentation, it is it is unclear as to the reason gabapentin is being prescribed on a continued basis. There is no information regarding the length of time this medication is intended to be continued and the goal of treatment. Additional information is required to affirm medical necessity

PRESCRIPTION FOR PAXIL 20MG: 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 CHRONIC PAIN-ANTIDEPRESSANTS Page(s): 141.

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-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 nor adrenaline, 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" ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" In the reviewed documentation, it appears that the injured worker has been receiving Paxil for at least 5 years. It is unclear as to how long the medication is intended to be continued, the goal of treatment or any evidence of objective functional improvement. The mental status examination from the reviewed progress reports mostly has been the same with some ongoing depression even though the injured worker is on two antidepressants. Also, the quantity of Paxil 20 mg tabs requested is not available. Additional information is needed to affirm medical necessity.

PRESCRIPTION FOR WELLBUTRIN SR 150MG: Upheld

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

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

Decision rationale: MTUS states "Bupropion (WellbutrinÂ®), a second-generation non-tricyclic antidepressant (a nor adrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients).

(Finnerup, 2005) While Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with any neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)" From the submitted documentation, it appears that Wellbutrin was started on 12/01/2009 in addition to Paxil. The injured worker has been on it for >4 years and still complains of depression. It is unclear as to how long the medication is intended to be continued, the goal of treatment or any evidence of objective functional improvement. Also, the quantity of Wellbutrin 150 mg tabs requested is not available. Additional information is needed to affirm medical necessity.