

Case Number:	CM13-0042837		
Date Assigned:	12/27/2013	Date of Injury:	09/17/2008
Decision Date:	04/29/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/19/2013

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 is licensed to practice in New York. 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 patient is a 44-year-old woman with date of injury of 9/27/2008. Her injury resulted in chronic lower back pain radiating to her left leg. Her chronic pain has led to sleep and mood disturbance. She is diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder, Female Hypoactive Sexual Desire Disorder due to Chronic Pain, Sleep Disorder due to Chronic Pain and Psychological factors affecting Medical Condition. Her psychotropic's included Celexa and Trazodone which had been holding her relatively stable but on 8/24/13 it was noted that the patient has "a lot of physical pain which disturbed her mood" and to address this Neurontin was started on 8/24/13 and request was made for follow-up 4 weeks later.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG (AS PER REPORT DATED 8-24-13), QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 17-18,49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 16-19.

Decision rationale: The MTUS guidelines endorse the use of gabapentin (Neurontin) for neuropathic pain. This patient has chronic neuropathic pain. Gabapentin 300mg #90 has been prescribed appropriately and is medically necessary.

FOLLOW-UP PHARMACOLOGICAL MANAGEMENT (AS PER REPORT DATED 8-24-13), QTY 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits. Other Medical Treatment Guideline or Medical Evidence: American Psychiatric Association (APA) Practice Guideline for the treatment of patients with Major Depressive Disorder, page 56

Decision rationale: ACOEM Stress related conditions chapter states that the "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." The ODG Mental Illness & Stress chapter notes that Office visits are "recommended as determined to be medically necessary." As per the APA Guideline "continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy, with a recommended duration of continuation therapy of approximately 4-9 months ... patients who have not fully achieved remission with psychotherapy are at greater risk of relapse during the continuation phase, treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase." As per the APA Guideline above, when a treatment plan includes medication to manage the patient's condition, there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. The patient is taking maintenance psychotropic medication and thus ongoing psychotropic medication visits is medically necessary. The request for a follow up appointment in 4 weeks is reasonable to check in on her maintenance medications of Celexa and Trazodone and is particularly important in this instance due to the patient having been started on a new medication, Neurontin. The request for follow-up pharmacological management