

Case Number:	CM13-0058289		
Date Assigned:	12/30/2013	Date of Injury:	12/08/1996
Decision Date:	05/09/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 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:

This is a 34year old female injured worker with date of injury 12/8/96. She was robbed and beaten at gunpoint by two men while working as a clerk. The patient presented with symptoms of depression and auditory and visual. She was irritable and easily angered. She has a sleep disorder which she attributes to fear. She awakens easily when she hears a noise at night. She will repeatedly ask her boyfriend to check the doors and windows. She can only sleep for three-hour intervals, with the use of sleep medication. She has anxiety and is fearful in public. She is also afraid of being alone. She experiences panic attacks several times a week. She is withdrawn and avoids social contact. She is tearful daily. She experiences hypervigilance and is reluctant to leave her home. Her self-confidence is diminished. She has flashbacks of the traumatic industrial incident. Current diagnoses include post-traumatic stress disorder chronic, psychological factors affecting medical condition and major depressive disorder severe. Per 2/13/14 note, her Beck inventory scores suggested a severe level of depression and severe anxiety. Her score on the Epworth Sleepiness Scale suggested the presence of a sleep disorder. On the Suicide Probability Scale, her score suggested a risk of suicide in the severe range. She has admitted to persistent suicidal ideation, but noted that she would not act on her thoughts out of concern for her children. Her score on the Wahler Physical Symptoms Inventory suggested a high degree of preoccupation with her somatic symptoms and physical functioning. She has participated in 24 group sessions and 6 individual psychotherapy sessions in 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 CAPSULES OF CYMBALTA 60 MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 43-44 and 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: While ODG provides additional insights on the use of Duloxetine, the MTUS clearly states: "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 request is consistent with the injured worker's diagnoses of Major Depressive Disorder. In 10/2013 following the use of this medication and adjustments along with Zyprexa and adjustments to Cymbalta dosage it was noted "(the IW-Injured Worker) was crying less often, and experienced flashbacks less frequently. The intensity of her depression diminished somewhat. Her experiences of auditory and visual hallucinations were also reported as being less frequent." The request is medically necessary.

90 TABLETS ATIVAN 1 MG: Upheld

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

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

Decision rationale: The 12/23/13 Request for Treatment Authorization note not available to the UR physician indicates that this medication is prescribed to reduce the injured worker's anxiety and tension as well as possibly contributing to better sleep. Per the 12/23/13 note, the injured worker "is anxious daily, and fearful when out in public. She fears being alone. She has panic attacks several times a week. She is depressed, irritable, and angry. She is socially withdrawn. She is tearful daily. She is hypervigilant and reluctant to leave her home. Her self-confidence is low. She has flashbacks of the industrial trauma. She has thoughts of suicide, but cites her children as an effective deterrent." Per MTUS CPMTG with regard to benzodiazepines: "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." While it is noted that the injured worker has been treated with this medication long term, it is being used in conjunction with an antidepressant to treat the injured worker's symptoms, and it appears that she is still having panic attacks several times a week. The request is not medically necessary.

30 TABLETS OF LATUDA 40 MG: 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 Chapter, Online Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Anti-Psychotic Medications.

Decision rationale: Latuda is an atypical antipsychotic medication used to restore deteriorated cognitive abilities and memory and to reduce psychotic symptoms. Per ODG guidelines, antipsychotic medications may be beneficial as adjunct treatments in PTSD. The documentation submitted for review indicate that the injured worker reported hearing voices and seeing shadows, from 7/2013 to 9/2013. In 10/2013 following the use of this medication and adjustments along with Zyprexa and adjustments to Cymbalta dosage it was noted "(the IW) was crying less often, and experienced flashbacks less frequently. The intensity of her depression diminished somewhat. Her experiences of auditory and visual hallucinations were also reported as being less frequent." In the UR physician's assertion that this is not medically necessary because the injured worker does not carry the diagnosis of schizophrenia, as stated by the PTP she clearly has all the symptoms associated with it. The request is medically necessary.