

Case Number:	CM13-0058932		
Date Assigned:	12/30/2013	Date of Injury:	10/06/2009
Decision Date:	08/06/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 59-year-old female with a 10/6/09 date of injury. The exact mechanism of injury has not been described. On 9/26/13, the patient complained of lower back pain with improvement in her leg pain. Objective exam: unchanged. Diagnostic Impression: Chronic Intractable Lower Back Pain, s/p L5-S1 laminectomy with contra lateral decompression on 2/8/12. Treatment to date: medication management, activity modification. A Utilization Review decision dated 11/14/13 modified the request for Sertraline from 200 mg over 2 months to Sertraline 200 mg for a 1-month supply, noting that the provider is in the process of weaning the medication. The psychiatric treatment was modified from a visit every 2 months for 1 year to 3 psychiatric follow-ups over 6 months to allow for continued monitoring of the patient's depression and medication adjustments.

IMR ISSUES, DECISIONS AND RATIONALES

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

SERTRALINE 200MG OVER 2 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, Official Disability Guidelines identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Peer reviewed literature reveals Sertraline (Zoloft) is used to treat depression, obsessive-compulsive disorder, panic disorder, anxiety disorders, and post-traumatic stress disorder (PTSD). The Utilization Review decision dated 11/14/13 indicated that the provider is currently tapering the patient down off of Sertraline, although the medical records indicating the tapering was not provided for this review. The patient has been on Sertraline long-term, dating back at least to 2010. She has a long-standing history of depression. However, if the provider is tapering the patient down off Sertraline, a 1-month supply as recommended by the Utilization Review decision is sufficient. There is no clear rationale provided as to why the patient needs a 2-month taper. Therefore, the request for a 2-month supply of Sertraline was not medically necessary.

PSYCHIATRIC TREATMENT EVERY 2 MONTHS FOR A YEAR THEN 3 TIMES PER YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Independent Medical Examinations and Consultations page 127,156.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. However, this patient is noted in the Utilization Review decision to have ongoing depression and adjustment of her psychiatric medications. Guidelines do require consultations with specialists such as psychiatrists as needed for ongoing care and management. However, there is no clear rationale provided as to why the patient would need a psychiatric evaluation every 2 months for a total of 1 year, followed by three times per year for an indefinite amount of time. This request is unwarranted. The Utilization Review decision modified the request to allow for three psychiatric sessions over 6 months, which should allow for re-assessment of the patient's condition at that time prior to further psychiatric treatment is requested. Therefore, the request for Psychiatric Treatment every two months for one year, followed by three times per year, is not medically necessary.