

Case Number:	CM13-0060535		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2011
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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:

This is a 44 year old injured worker whose original date of injury is 10/11/2011, in which she tripped and fell over a hose leading to low back pain, and injury to her right knee and neck. Her diagnoses are major depressive episode, generalized anxiety, and pain disorder. Conservative treatments received were physical therapy, back brace, exercise, and injections. On 2/26/13, she underwent lumbar fusion at L5-S2. Prior medical history includes headaches and heart problems. In 03/12 she was started on Cymbalta for neuropathic pain. In addition to pain, she reports difficulties with activities of daily living. In a 11/12/13 Psychiatry evaluation, the patient reported that her depressive symptoms of sleep disturbance, lack of energy and stamina, increased isolation, daily episodes of tearfulness, irritability, and loss of self-esteem intensified when it became apparent that she would be left with chronic pain and physical impairment. She became anxious and worried about her health, if she would be able to work and support herself in the future. There was no evidence of suicidal ideation. On mental status exam mood was depressed, anxiety diminished over time, memory and judgment were stable, occasionally concentration as poor. There are references to a report of 11/09/13 at which time the patient was prescribed Effexor XR and recommended that the Cymbalta be discontinued as she reported no efficacy from same. Current medications reported were Norco, Naproxen, Soma, Lidoderm patch, Zyrtec, Neurontin, and Effexor XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacology visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines do not specifically address psychopharmacology visits, therefore ODG was utilized. This injured worker suffers from chronic pain and is being prescribed medications from different classes (opioids, anti-inflammatory, antidepressant, anticonvulsant, muscle relaxant, and antihistamine), including Effexor XR for the diagnoses of major depression and generalized anxiety. Psychopharmacology visits would monitor the efficacy of this medication on subjective and objective symptoms, and any side effects that occur. In a patient being prescribed medications from varied classes, it is essential to closely monitor for drug-drug interactions. ODG office visit recommendations are recommended as determined to be medically necessary on an individualized basis; based on what medications the patient is taking, signs and symptoms, review of the patient's concerns, clinical stability, and reasonable physician judgment. Some medications such as opiates require close monitoring.