

Case Number:	CM13-0062177		
Date Assigned:	12/30/2013	Date of Injury:	04/15/2004
Decision Date:	03/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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, Addiction and is licensed to practice in California and Texas. 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:

Records reviewed include 264 pages of administrative and medical records. The injured worker is a 67 year old female who sustained an industrially related injury (carpal tunnel syndrome and ulner nerve damage) on 4/15/2004. She was treated conservatively with wrist braces, exercise, hot wax and acupuncture. She ultimately underwent bilateral wrist surgery in January and June of 2007. Her primary psychiatric diagnosis is major depressive disorder, single episode moderate. She has had approximately 3.5 years of psychotherapy. 11/25/13 Supplemental report: response to utilization review denial/modification. [REDACTED] summarized the pateint's psychiatric course. She briefly returned to work 09/08, then was terminated in 01/09. She was reevaluated on 10/08/09 and found to be permanent and stationary from a psychiatric standpoint. She was treated with psychotherapy and medication visitis, feeling that the medications relaxed her. The patient's medication treatment plan was addressed. He noted that she felt less motivated to be active in her life, feeling anxious about her health and the effect it will have on her future employment. She attributed her sleep disturbance to chronic musculoskeletal pain. With a sleep aid she slept undisturbed for 6 hours. She complained of occasional depression with some thoughts of suicide, as well as irritability and short temperedness. She attested to feeling less withdrawn, and was tearful about once per week. She had difficulty with concentration and memory. The patient was on Zoloft, Ativan, and Ambien prescribed by [REDACTED] in March 2013. In May 2013 she remained depressed and expressed the belief that she was being followed. She was still sleeping 6 hours and reporting tearfulness. In June 2013 she described "seeing shadows" as a side effect of Zoloft, it was discontinued and she was started on Wellbutrin. In September 2013 Dr Levy noted no change in her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic medication management 1 session per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: Per American College of Occupational and Environmental Medicine (ACOEM)-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. There are no medical records provided from [REDACTED] indicating the patient's response to her medication regimen, functional improvement or lack thereof in her symptomatology, and the presence of absence of adverse events of drug interactions. As such this request is noncertified.

Wellbutrin XL 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 27.

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, Bupropion

Decision rationale: MTUS/American College of Occupational and Environmental Medicine (ACOEM) are silent regarding Wellbutrin XL. Per Official Disability Guidelines (ODG) bupropion (Wellbutrin) is recommended as a first line agent in major depressive disorder. However, there are no medical records provided from [REDACTED] indicating the patient's response to her medication regimen, functional improvement or lack thereof in here symptomatology, and the presense or absence of adverse events or drug: drug interations. As such this request is noncertified.

Ativan 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) does not recommend anxiolytics as first line therapy for stress related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods to alleviate symptoms to allow the patient to recoup emotional/physical resources. MTUS does not recommend long term use as guidelines limit to 4 weeks. Tolerance occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. She has been prescribed Ativan for at least one year, if not more. This IW is also prescribed Ambien, a sedative-hypnotic, which may potentiate the hypnotic action of this benzodiazepine. As such this request is noncertified.

Ambien 5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG

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, Zolpidem

Decision rationale: MTUS/American College of Occupational and Environmental Medicine (ACOEM) are silent regarding Ambien (Zolpidem). Per Official Disability Guidelines (ODG), Zolpidem is approved for short term treatment of insomnia, usually two to six weeks. There is concern about increasing pain and depression over the long term, as well as being habit forming and having the potential for impairing functioning and memory. This IW has been on Zolpidem for at least one year, if not more. In addition, she is being prescribed Ativan for anxiety disorder, which also has sedative-hypnotic action. The two in concert may potentiate each other to increase that action, and can lead to adverse events. This request is therefore noncertified.