

Case Number:	CM13-0071814		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2008
Decision Date:	08/08/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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:

The injured worker is a 55 year old male with date of injury 6/24/2008. The date of the UR decision was 12/30/2013. The injured worker encountered neck and back injury while performing work duties while lifting heavy boxes. He has undergone treatment of chronic pain in the form of TENS unit and medication treatment. A report dated 11/4/2013 listed a diagnosis of depressive disorder NOS. A report dated 12/2/2013 suggested that he had been under care of a Psychiatrist for the last 5 years and was being prescribed Venlafaxine 150 mg daily, Xanax 0.5 mg three times daily, and Lunesta 2 mg nightly. It is suggested that he is taking Xanax and Diazepam at the same time. The injured worker reported feeling depressed, hopeless, useless, and experiences difficulty sleeping. The treatment plan per a report from 12/2/2013 indicated a slow reduction in Xanax as he was on two benzodiazepines and goal of discontinuation of Venlafaxine and initiation of Cymbalta for depression and chronic pain at the next session with the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam, 0.5 mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24,124.

Decision rationale: The treatment plan per report from 12/2/2013 indicated a slow reduction in the dose of Xanax as the patient was on two benzodiazepines- Xanax and Valium, from two different prescribers. The injured worker has been noted to have issues with Benzodiazepine dependence. The treating physician suggested per examination on 12/2/2013 that the Xanax will be reduced to a twice a day dose and eventually stopped. The request for Xanax/Alprazolam, 0.5 mg, #90 is excessive and therefore not medically necessary.

Individual Psychotherapy sessions times 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102.

Decision rationale: It is indicated within the medical records provided for review that the injured worker has undergone group psychotherapy with some subjective improvement. However there is no evidence of objective functional improvement. The request for twelve individual psychotherapy sessions is excessive and therefore not medically necessary.

Medication Management therapy time 4 sessions: 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, Office visits.

Decision rationale: The ODG states office visits are "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." It is suggested that the treating physician has been trying different medication changes to effectively control the various ongoing issues such as depression, insomnia, and issues of benzodiazepine dependence etc as

listed in a progress report dated 12/2/2013. The request for Medication Management therapy time 4 sessions is medically necessary and appropriate.

Venlafaxine XR, 75 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ChronicPain-Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The treatment plan per report from 12/2/2013 indicated a treatment goal of discontinuing Venlafaxine and initiating Cymbalta for depression and chronic pain at the next session due to a lack of efficacy with Venlafaxine. Due to a poor response with Venlafaxine per a report from 12/2/2013, the request is not medically necessary and appropriate.