

Case Number:	CM14-0002449		
Date Assigned:	01/24/2014	Date of Injury:	06/16/2010
Decision Date:	06/06/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine has a subspecialty in Preventive 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 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 applicant has filed a claim for low back pain, knee pain, hip pain, shoulder pain, and psychological stress reportedly associated with an industrial injury of June 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple knee surgeries; a functional restoration program; interventional spine procedures, including facet blocks; and multiple psychotropic medications. The applicant's case and care have apparently been complicated by issues with alcohol dependence, it appears. In a Utilization Review Report dated January 2, 2014, the claims administrator denied request for Effexor, Remeron, Desyrel, cognitive behavioral therapy, a follow-up visit, and monthly medication management visits. The claims administrator stated that the applicant was working full time. The claims administrator cited a variety of non-MTUS and sometimes mislabeled MTUS Guidelines in its denials. The denials comprise almost exclusively of the guidelines, with little or no applicant-specific information provided. A December 12, 2013 progress note is notable for comments that the applicant reported persistent low back pain. The applicant's medication list was described as including Protonix, Ultracet, Lodine, long-acting morphine, Remeron, Flexeril, Voltaren gel, Effexor, and albuterol. The applicant was reportedly permanent and stationary with a 10-pound lifting limitation in place. It was not clearly stated whether or not the applicant was working with said permanent limitations in place. A December 10, 2013 mental health progress note is notable for comments that the applicant was sleeping about five to six hours a night. The applicant reported significantly diminished alcohol consumption, had lost weight, and is reportedly eating healthier. The applicant reported a slightly depressed mood but the same levels of underlying anxiety. The applicant apparently was having issues maintaining adequate job performance. The applicant was apparently having issues with claustrophobia at the workplace owing to a small worksite. The applicant's memory and judgment were described as

fair. The applicant's concentration was described as improved. He was less distressed, it was stated. He had a Global Assessment of Functioning of 60, it was stated. The applicant was working full time with restrictions but stated that the applicant's employer was not honoring all of the environmental restrictions. Effexor, Remeron, Desyrel, and cognitive behavioral therapy were endorsed. The applicant's mental health diagnoses reportedly included major depressive disorder, agoraphobia, insomnia, alcohol dependence, alcohol-induced anxiety disorder, chronic pain syndrome, and financial hardships.

IMR ISSUES, DECISIONS AND RATIONALES

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

EFFEXOR 75MG QTY: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine (Effexor) Page(s): 123.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes weeks for antidepressants to exert their maximal effect. In this case, the attending provider has seemingly posited that ongoing usage of Effexor and other psychotropic medications has resulted in an improvement of the applicant's mood. This is corroborated by the applicant's successful return to work. The applicant does report a slightly less depressed mood. He is managing to function in the workplace, purportedly as a result of the psychotropic medications, including Effexor. Therefore, the request for Effexor 75mg, #180 is medically necessary and appropriate.

REMERON 15MG QTY: 120.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants section. Decision based on Non-MTUS Citation page 7 and REMERON - Food and Drug Administration www.fda.gov/.../2004-4065b1-26-tab11g.

Decision rationale: As with the request for Effexor, the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it takes several weeks for antidepressants to exert their maximal effect. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that it is the attending provider's prerogative to formulate and tailor medications and dosage to the applicant taking into consideration applicant-specific variables such as comorbidities, other medications, and allergies. In this case, the attending has seemingly posited that a combination of psychotropic medications has ameliorated the applicant's issues with depression, anxiety, sleep disturbance, and work performance. The

applicant has apparently demonstrated some treatment success with Remeron and other antidepressants as evinced by successful return to work. It is further noted that the FDA does endorse usage of Remeron for the treatment of major depressive disorder, as is present here. Therefore, the request for Remeron 15mg, #120 is medically necessary and appropriate.

TRAZODONE 50MG QTY: 60.00: 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), Antidepressants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Antidepressants section Page(s): 402,7.

Decision rationale: While this does seemingly represent approval for three separate psychotropic medications, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the prescribing provider should tailor medications and dosage to the individual applicant taking into consideration, applicant-specific variables such as comorbidities, other medications, and allergies. In this case, the attending provider has seemingly posited that the combination of the aforementioned three psychotropic medications has ameliorated the applicant's issues with depression, anxiety disorder, panic disorder, agoraphobia, and sleep disturbance. It is further noted that the MTUS Guideline in ACOEM Chapter 15, page 402 acknowledges that antidepressants may take weeks to exert their maximal effect. Thus, on balance, continuing Trazodone, an atypical antidepressant, is a more appropriate choice than discontinuing the same. Therefore, the request for Trazodone 50mg #60 is medically necessary and appropriate.

COGNITIVE BEHAVIORAL THERAPY QTY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive therapy can be problem focused, with strategies intended to alter an applicant's perception of stress or intended to alter an applicant's response to stress. In this case, the applicant is apparently having ongoing issues with claustrophobia. There are workplace issues present here. The applicant is apparently embroiled in conflict with his employer. Cognitive behavioral therapy could enhance the applicant's ability to cope with workplace stressors and could be successful in maintaining the applicant in the workplace and workforce. Therefore, the request for cognitive behavioral therapy x 6 is medically necessary and appropriate.

FOLLOW UP IN 4 WEEKS QTY: 1.00: 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), Hip Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be determined by the severity of symptoms, whether or not an applicant was referred for further testing and/or psychotherapy, and/or whether or not an applicant is missing work. In this case, the applicant is using numerous psychotropic medications. The applicant is in fact concurrently receiving cognitive therapy. A follow-up visit with the prescribing provider is indicated and appropriate, for all of the stated reasons. Therefore, the request for follow-up in 4 weeks is medically necessary and appropriate.

MEDICATION MANAGEMENT, MONTHLY QTY: 6.00: 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), Hip Chapter - Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medication therapy. In this case, the applicant does have a variety of fairly serious psychiatric issues, including agoraphobia, claustrophobia, major depressive disorder, alcohol dependence, history of alcohol abuse, etc. The applicant is, furthermore, using three separate psychotropic medications. More frequent follow-up visits with the prescribing psychiatrist are therefore indicated. Accordingly, the request for medication management, monthly #6 is medically necessary.