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| Case Number: | CM14-0004202 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 03/04/1999 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/09/2014 |

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 Physical Medicine and Rehabilitation 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 54-year-old female who reported an injury on 03/04/1999 due to an unknown mechanism. Diagnoses were psychogenic pain and bipolar disorder. Past treatment reported was acupuncture. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 12/06/2013 revealed that the injured worker was doing reasonably well. She complained of more pain than usual lately and had not been on medication for her pain until that day. An examination revealed musculoskeletal chronic pain. Neurological exam revealed neuropathic pain. Medications were alprazolam 1 mg 1 tablet 3 times a day as needed, baclofen 10 mg 1 tablet twice a day as needed, Lamictal 200 mg 1 tablet daily, Synthroid 175 mcg 1 tablet daily, and Zyprexa 5 mg 1 tablet at bedtime as needed. Treatment plan was to continue medication and psychotherapy. The rationale was the provider has treated the injured worker since 2002. During that time, the injured worker was totally temporary disabled, and she was quite volatile and required psychiatric hospitalization on several occasions. In the course of treatment, it has been quite successful in stabilizing the injured worker in keeping her at a functional level where she no longer is a danger to herself. It must be noted that this success requires constant monitoring and the understanding that this woman is still quite fragile. The injured worker has suffered from a chronic pain syndrome. The failed back surgeries have left her in constant pain, to the point that she is only able to do very limited daily activities. Along with the need for monitoring of her psychiatric condition, she also requires constant work on the stress that the pain continues to cause her. The injured worker has a very strong thread of paranoia in her personality, and the constant denial and disruption in her treatment has only served to reinforce these feelings. Her mood is also made more volatile by being chronically sleep deprived. Upon until a couple of years ago, the injured worker was unable to drive at all.

This had been one of these successes of treatment, as she is now able to drive to a few places within a 5 to 10 mile radius of her home. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE MEDICATION MANAGEMENT AND PSYCHOTHERAPY VISITS X 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS & STRESS: OFFICE VISITS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for continue Medication Management and Psychotherapy visits x 12 is certified. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. The injured worker has benefitted from her current care. Measurable gains have been achieved in activities of daily living were improved. Therefore, the request is certified.

ALPRAZOLAM 1MG, ONE TABLET 3 X A DAY PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Alprazolam 1mg, one tablet 3 x a day PRN is non-certified. California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported.

BACLOFEN 10MG, ONE TABLET TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63.

Decision rationale: The request for Baclofen 10mg, one tablet twice a day is non-certified. The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide improvement. Therefore, continued use of this medication would not be supported. The request is non-certified.

LORAZEPAM 1.0MG, 2 EVERY HS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The request for Lorazepam 1.0mg, 2 every HS is non-certified. California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request is non-certified.

SYNTHOID (LEVOTHYROXINE) 175MCG, ONE TABLET ONCE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://WWW.DRUGS.COM/PRO/LEVOTHYROXINE.HTML](http://www.drugs.com/pro/levothyroxine.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682461.html>.

Decision rationale: The request for Synthroid (levothyroxine) 175 mcg, one tablet once a day. The California MTUS, ACOEM, and Official Disability Guidelines do not address this request. Levothyroxine, a thyroid hormone, is used to treat hypothyroidism, a condition where the thyroid gland does not produce enough thyroid hormone. Without this hormone, the body cannot function properly, resulting in poor growth, slow speech, lack of energy, weight gain, hair loss, dry, thick skin, and increased sensitivity to cold. When taken correctly, levothyroxine reverses these symptoms. Levothyroxine is also used to treat congenital hypothyroidism (cretinism) and goiter (enlarged thyroid gland). The injured worker did not have a diagnosis of hypothyroidism. It is not clear why the injured worker is taking this medication. Therefore, the request is non-certified.

ZYPREXA (OLANZAPINE) 5MG 1 OR 2 PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS & STRESS, ATYPICAL ANTI PSYCHOTICS.

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 and Stress, Zyprexa, Atypical Antipsychotics.

Decision rationale: The request for Zyprexa (olanzapine) 5 mg 1 or 2 as needed is non-certified. The Official Disability Guidelines state for Zyprexa that it is not recommended as a first line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. The guidelines also state for atypical antipsychotics they are not recommended as a first line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in the ODG. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment related harm. Previous medications tried were not submitted. Due to the recommendations of the medical guidelines, this request is non-certified.