

Case Number:	CM14-0005381		
Date Assigned:	01/24/2014	Date of Injury:	10/27/2011
Decision Date:	07/10/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 patient is a 64-year-old female who has submitted a claim for anxiety disorder, and major depressive disorder associated with an industrial injury date of October 27, 2011. The medical records from 2013 were reviewed. The patient complained of sleep disturbance, emotional stress, poor concentration, and memory loss. Physical examination showed an acutely anxious patient with depressed mood, and blunted affect. She likewise manifested with agitation and anhedonia. The patient had impaired concentration and short-term memory. The treatment to date has included carpal tunnel release in 2011, psychotherapy, and medications such as, Nortriptyline, and Topamax. The current medications include Wellbutrin, Celexa, and Trazodone. Utilization review from December 9, 2013 denied the requests for medication follow up (X2) because of lack of documentation on specific medications and doses, CBT psychotherapy (X12), current psychiatric services: very other month, every other week because there were no documented functional goals and progress reports from previous therapy, Wellbutrin SR 150mg 2 qd, Celexa 20mg hs, and trazodone 100mg hs prn.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION FOLLOW-UPS (X2): Upheld

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

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient has anxiety disorder and major depressive disorder. Current medications include Wellbutrin, Celexa, and Trazodone. Monitoring is necessary to determine patient's response to therapy, however, the present request failed to specify the medications. The request is likewise vague; it may mean follow-up consultation or medication refill. Therefore, the request for medication follow-ups (X2) is not medically necessary.

CBT PSYCHOTHERAPY (X12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 23, 101.

Decision rationale: As stated on page 101 of California MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention includes addressing co-morbid mood disorders such as, depression and anxiety. Page 23 states that initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is advised. In this case, patient has anxiety disorder and major depressive disorder. Medical records indicate that patient previously attended cognitive behavior therapy sessions. However, the number of sessions completed, including functional outcomes were not documented. There is no rationale for extending psychotherapy at this time. Therefore, the request for cognitive behavioral therapy (CBT) psychotherapy X 12 sessions is not medically necessary.

CURRENT PSYCHIATRIC SERVICES: EVERY OTHER MONTH: EVERY OTHER WEEK, THROUGH 2/15/14 (X4 - 8?): Upheld

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

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient has anxiety disorder and major depressive disorder. The current medications include Wellbutrin, Celexa, and Trazodone. Monitoring is necessary to determine patient's response to therapy. Medical records indicate that patient previously attended psychotherapy sessions. However, the number of sessions completed, including functional outcomes were not documented. The request is likewise vague; it failed to specify the type of psychiatric service being requested, whether follow-up visit or psychotherapy. Therefore, the request for current psychiatric services: every other month: every other week, through 2/15/14 (X4 - 8?) is not medically necessary.

WELLBUTRIN SR 150MG 2 QD (QUANTITY UNSPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16.

Decision rationale: As stated on page 16 of California MTUS Chronic Pain Medical Treatment Guidelines, bupropion (Wellbutrin) is a second-generation non-tricyclic antidepressant which is likewise effective in treating neuropathic pain. In this case, patient has anxiety disorder and major depressive disorder. She has been on Wellbutrin since 2012. However, medical records submitted and reviewed failed to indicate benefits derived from its use. There is no clear indication for continuing bupropion at this time. Furthermore, the request failed to specify the quantity to be dispensed. Therefore, the request for Wellbutrin SR 150MG 2 QD (quantity unspecified) is not medically necessary.

CELEXA 20MG HS (QUANTITY UNSPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 16.

Decision rationale: As stated on page 16 of California MTUS Chronic Pain Medical Treatment Guidelines, Citalopram (Celexa) is a selective serotonin reuptake inhibitor that belongs to a class of antidepressants. It has been suggested that its role is in addressing psychological symptoms associated with chronic pain. In this case, patient has anxiety disorder and major depressive disorder. She has been on Celexa since 2012. However, medical records submitted and reviewed failed to indicate benefits derived from its use. There is no clear indication for

continuing Citalopram at this time. Furthermore, the request failed to specify the quantity to be dispensed. Therefore, the request for Celexa 20MG HS (quantity unspecified) is not medically necessary.

TRAZADONE 100MG HS PRN (QUANTITY UNSPECIFIED): Upheld

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

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 Section, Trazodone.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Mental Illness and Stress Section was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, patient has anxiety disorder and major depressive disorder. She has been on Trazodone since 2012. However, medical records submitted and reviewed failed to indicate benefits derived from its use. Moreover, recent progress reports did not document complaints of insomnia. There is no clear indication for continuing Trazodone at this time. Furthermore, the request failed to specify the quantity to be dispensed. Therefore, the request for Trazadone 100MG HS PRN (quantity unspecified) is not medically necessary.