

Case Number:	CM14-0006477		
Date Assigned:	02/25/2014	Date of Injury:	07/16/2010
Decision Date:	06/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/16/2014

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 Family Practice and is licensed to practice in California, Tennessee and Virginia. 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 57 year old male who sustained an injury on 07/16/10 when he sustained a laceration to the right index finger. Per the clinical record on 02/03/14 the injured worker developed infection which required surgical intervention including debridement and drainage of the wound. Due to the injury the injured worker developed anxiety and depression with difficulty sleeping. Ultimately the injured worker required amputation of the tip of the index finger. Prior treatment included physical therapy which was not beneficial. The injured worker had revision surgical procedures of the amputation site to address a painful neuroma. The injured worker was subsequently followed for ongoing depression and anxiety stemming from the traumatic injury. The injured worker endorsed diminished self-esteem and self-confidence. The injured worker had a diagnosis of diabetes which was reported as well controlled. BDI scores reported moderate level of depression and BAI scores showed moderate levels of anxiety. Valid MMPI2 results were documented. The report referred to other evaluations that were not made available for review. The injured worker reported persistent anxiety and depression with sleep issues. Medications currently prescribed included Cymbalta 60mg daily, Ativan .5mg twice daily in the morning and afternoon, and Ambien CR 12.5mg at night. The requested monthly psychotropic medication management sessions for six months, Cymbalta 60mg quantity 30, Ativan .5mg quantity 60, and Ambien CR 12.5mg quantity 30 was denied by utilization review on 01/03/14. It was noted that psychotropic medication management visits were modified to four sessions.

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 FOR 6 MONTHS: 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 Chapter, Office Visit.

Decision rationale: In regards to the requested six psychotropic medication management sessions once per month this reviewer would not have recommended this amount of medication management sessions as medically necessary. This reviewer does agree with the prior modification for four sessions only. The injured worker continued with multiple medications addressing anxiety and depression. It was unclear from the clinical record provided for review whether the injured worker was attending any individual psychotherapy as an adjunct to medications. As several of the prescribed medications were not supported for the long term by clinical in the clinical literature, the frequency of requested psychotropic medication management visits would have been considered excessive. At most this reviewer would have recommended four additional psychotropic medication sessions with further sessions only indicated depending on response to further medication use. Therefore, the request for the six sessions of Psychotropic Medication Management is not medically necessary.

CYMBALTA 60 MG #30: Upheld

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

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

Decision rationale: In regards to Cymbalta 60mg quantity 30, the previous denial indicated that this medication had been previously approved for six month supply in 10/13. It was unclear why the additional refills were being requested. The clinical record from 02/03/14 did not address this issue. Based on previous approval from 10/13 it would still have been expected that the injured worker had an adequate supply of Cymbalta for ongoing use to address depression and anxiety symptoms. Therefore, the request for Cymbalta 60mg is not medically necessary.

ATIVAN 0.5 MG #60: Upheld

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

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

Decision rationale: In regards to the use of Ativan .5mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review did not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, the request for Ativan 0.05 is not medically necessary.

AMBIEN CR 12.5 MG #30: 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), TWC Mental Illness & Stress Procedure Summary.

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

Decision rationale: In regards to the use of Ambien CR 12.5mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Ambien to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Ambien be reduced from 12.5mg to 6.25mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem had been effective in improving the claimant's overall functional condition. As such, the request for Ambien CR 12.5mg is not medically necessary.