

Case Number:	CM14-0106149		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2006
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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 Child and Adolescent 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 57 year old female who suffered an undisclosed mechanism of injury at work on February 5, 2006. It is reported the injured worker suffered a back injury, which resulted in chronic pain in her neck, shoulders, and lower back. A lumbar spinal surgery was performed on September 28, 2009; and a neck surgery on December 08, 2011. Subsequently, the injured worker developed symptoms of depression as well as anxiety. According to the May 27, 2014 progress report, the injured worker had many sessions of both individual and group psychotherapy. The injured worker was diagnosed with Major Depression, and reported symptoms consistent with severe depression. The report recommended that the injured worker undergo a psychiatric medication evaluation in order to consider antidepressant medication to alleviate her significant depression symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment guidelines May 2009; Psychological Intervention for chronic pain Page(s): 15; Regarding psychological evaluations. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

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, Cognitive therapy for pain.

Decision rationale: MTUS is not applicable. The ODG indicates that individuals suffering from depression secondary to chronic pain can receive benefit from cognitive behavioral therapy (CBT). Studies have shown that CBT can be as effective as antidepressant medication in alleviating the symptoms of depression. The recommendation is that individuals first undergo an initial trial of 3 - 4 sessions followed by additional sessions up to a maximum of ten if there has been objective functional improvement. The injured worker is diagnosed with Major Depression. However, the May 27, 2014 documented that the injured worker has already undergone many sessions of individual therapy and group therapy, with moderate efficacy. In the absence of compelling clinical evidence that ongoing additional psychotherapy sessions would be beneficial, the request for eight psychotherapy sessions is not medically necessary on that basis.

Restrospective request for 1 Prescription of Utracet 37.5/325mg #120 (dispensed on 5/27/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Opioids for chronic pain; Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication, Tramadol Page(s): 127-128.

Decision rationale: MTUS Guidelines indicate that Tramadol should not be prescribed to Individuals who are also taking antidepressant medications, due to both the risk of seizures, and of inducing the serotonin syndrome, both of which can be potentially lethal medical complications. Utracet is a medication used for pain relief which is a combination of Tramadol and Acetaminophen. As Utracet contains Tramadol, therefore, based on the guideline recommendations, it would not be recommended in the treatment of the injured worker's pain, and is not medically necessary on that basis.