

Case Number:	CM14-0011360		
Date Assigned:	02/21/2014	Date of Injury:	12/11/2001
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/28/2014

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 & Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychology 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 45 year old male whose date of injury is 12/11/2001. His psychiatric diagnosis is major depressive disorder, moderate. He was employed as a warehouse manager. The injury occurred when he and a coworker were loading a large and heavy window weighing 300-500 lbs. He experienced lower back pain, left arm and leg pain along with tingling, weakness, and numbness. The patient underwent 2 surgeries, had rehabilitation and physical therapy programs, and was on pain management. He developed depressive disorder and pain disorder associated with psychological factors and general medical condition. The patient had been receiving weekly cognitive behavioral therapy since at least 2008, and it is unknown if that remains to present. PR-2s from [REDACTED] were reviewed from 12/03/12-11/01/13. These were done approximately monthly. The patient was consistently described as depressed, depression unchanged, or severely depressed, and there was one reference to feeling anxious in relation to an upcoming surgery. Diagnoses listed were major depressive disorder single episode moderate, psychological factors affecting medical condition, insomnia type sleep disorder due to pain, and for a couple of male hypoactive sexual desire disorder due to pain. [REDACTED]'s report of 12/12/13 the patient's symptoms included mood fluctuation, anxiety attributed to physical health and lack of employment, significant depression and episodes of severe depression, difficulty sleeping with awakening due to pain, social withdrawal, irritability, anger, low self-esteem, forgetfulness, difficulty with concentration, and lack of motivation. Medications at that time were Prozac 40mg daily, Xanax 0.5mg TID, Levitra 20mg as needed, and Ambien 10mg every night. Throughout the reports reviewed above there was no evidence of any metrics administered that would measure the presence or absence of functional improvement, and would provide a basis for comparison in other appointments. The only notations of the patient's status

were his own self-reporting, and the clinician's objective statements of depression unchanged etc. As of 01/08/14, per [REDACTED] [REDACTED] report, the patient's other medication regimen consisted of Norco 10/325 every 4-6 hours as needed for pain, Zanaflex BID as a muscle relaxant, Colace, Nexium, Neurontin 300mg, Nucynta IR, and Trexenate. His diagnoses are status post posterior lumbar interbody fusion, status post hardware removal, and failed low back syndrome with possible segmental instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTHLY SESSIONS OF PSYCHOTROPIC MEDICATION MANAGEMENT:

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), Mental Illness & Stress Chapter..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Office Visits; Benzodiazepines; Zolpidem.

Decision rationale: The patient clearly would benefit from a re-evaluation of his psychiatric medication treatment plan. His depression has not improved evidenced by being consistently described in physician's progress reports as depressed, severely depressed, or no depression unchanged. He has had an adequate trial of Prozac (4 years). ODG does not recommend the use of benzodiazepines (in this case Xanax) for long term use beyond 4 weeks, and Ambien is not recommended for use beyond 2-6 weeks. He has been prescribed both of these agents for the past approximately 6 years, greatly in excess of ODG recommendations. In addition, the patient is prescribed opioids for pain control. The potential for drug:drug interactions and adverse events must be taken into account with a complex combination of medications as seen here. ODG does recommend office visits as determined to be medically necessary. It is individualized and based on the patient's needs and conditions, which are extremely varied. Although an office visit would be considered as medically necessary, per ODG a set number of office visits per condition cannot be reasonably established. Therefore, the request of 6 monthly sessions of psychotropic medication monitoring is not found to be medically necessary.