

Case Number:	CM14-0011690		
Date Assigned:	02/21/2014	Date of Injury:	05/02/2011
Decision Date:	07/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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:

This is a 37-year-old female with a 5/2/11 date of injury for repetitive use. The patient is noted to have a history of depression and anxiety after being harassed in the work place. She started psychiatric treatment in August 2013 for major depressive disorder and anxiety, and was noted to be undergoing cognitive behavioral therapy at that time. An appeal letter from her psychiatrist dated 5/14/14 states the patient improved with her initial treatment and was able to return to work, but as of November 2013 she was still afraid of groups of people, and was unable to do things like attend staff meetings or be in closed spaces. The patient then apparently had a set back in January 2014, (both her psychiatric and her psychotherapy were noted to be ongoing since at least August 2013), but was still noted to be employed. The patient was still noted to be depressed and tearful, and expressing anxiety over her work environment. She can apparently sleep 6-8 hrs with her medication, but is noted to still be withdrawn and has depleted her coping resources. Per notation, the patient's medication dosages are adjusted according to her symptoms. Her Beck's score indicated moderate to severe depression. The patient denied suicidal ideation. Treatment to date: psychotropic medication management and psychotherapy. There have been no changes to her medications over the last two years and no documentation of improvement in her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT SESSION (1) SESSION PER MONTH FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Page(s): 127,156.

Decision rationale: This patient has ongoing depression and anxiety. She has had ongoing psychiatric treatment and therapy since at least August of 2013. However, her medications are noted to be the same. The appeal letter argues that she requires monthly psychotropic management to adjust her dosages until an effective combination is reached. But this patient is on one medication, Lexapro, an SSRI, for her depression and Anxiety, and there is no documentation there has been any dose adjustment or attempts at trying a different medication or a combination of medications for this patient's symptoms, despite her ongoing psychiatric management. She is still noted to be significantly depressed. Therefore, the request for monthly psychotropic medication management session (1) session per month for 6 months, is not medically necessary.

LEXAPRO 10MG Q AM. #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS states that SSRI's are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. This patient has been on this medication for at least two years, yet is still moderately to severely depressed with symptoms of anxiety. The mainstay of treatment of depression and anxiety are SSRI's, however a combination of medications may be required to reduce and control symptoms to the degree that the patient has them. Yet, removing the patient's only form of psychotropic medication without a treatment plan to switch her to other medications while she displays moderate to severe depression and anxiety could result in her depression worsening. Therefore, the request for Lexapro 10 mg #30 was medically necessary.

LUNESTA 2MG TWO HS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS does not address this issue. The ODG states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects consist of: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. This patient has been on this medication chronically. Hypnotics are not supported for chronic use, as they deplete patients of stage III and IV sleep that can result in worsening sleep disorders and chronic fatigue, as well as dependence. Per the ODG, this medication should be used no longer than several weeks. The patient has exceeded the treatment guidelines. Therefore, the request for Lunesta was not medically necessary.