

Case Number:	CM14-0012500		
Date Assigned:	02/21/2014	Date of Injury:	06/30/2002
Decision Date:	10/08/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine & Rehabilitation 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 56-year-old male with a reported date of injury on 06/30/2002. The injury reportedly occurred while the injured worker was loading crop dusting planes. His diagnoses were noted to include refractory depression secondary to chronic pain. His previous treatments were noted to include psychiatric treatment and medications. The progress note dated 11/18/2013 revealed the injured worker's psychiatric medication combo was good, as well as his pain management regimen, although he was having more pain overall. The provider indicated he had not required more active medication adjustments, and that he would be better than he was if he could see a nutritionist and was committed to weight management. The injured worker was cooperative and medication compliant, but could do more for himself. The provided indicated the best would be a combined nutritionist and restorative function therapist. The provider indicated the injured worker was doing home stretching and his own exercising, but there was a question if he was challenging himself. His activities of daily living were slow, but done independently and daily errands were spaced and often divided into multiple trips to avoid excess fatigue. The provider indicated the rehabilitation would focus more on his "can do's" more. The provider indicated it would not get him back to work, but it would give him improved function. The progress note dated 12/30/2013 revealed complaints of increased pain from the winter weather. The injured worker revealed he had a fair grasp on healthy eating, but could not discipline himself without reinforcement. The provider indicated the cognitive behavioral treatment sessions were monthly and were okay. The provider indicated the injured worker should see a nutritionist to get some active weight loss going. The Request for Authorization form dated 12/30/2013 was for Latuda 20 mg #30 with 2 refills, Klonopin 0.5 mg #60, 12 sessions of cognitive behavioral therapy per year, 12 sessions with a nutritionist per year, 8

sessions of psychiatric medication management, or 1 functional restoration program for 6 weeks in lieu of cognitive behavioral treatment and a nutritionist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Latuda 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 388.

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, Atypical Antipsychotics.

Decision rationale: The injured worker has been utilizing this medication since at least 08/2013. The Official Disability Guidelines do not recommend a typical antipsychotic as a first line treatment as there is insufficient evidence to recommend them. Additionally, adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment related harm. The guidelines state adding atypical antipsychotic to an antidepressant provides limited improvement and depressive symptoms in adults, and the benefits of antipsychotics in terms of quality of life and improved function are small to nonexistent. The guidelines do not recommend atypical antipsychotics as a first line treatment, and there is a lack of evidence regarding first line treatment attempted. There is a lack of documentation regarding improved functional status and efficacy with the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Latuda 20 mg #30 with 2 refills is not medically necessary.

Klonopin 0.5mg #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: The injured worker has been utilizing this medication since at least 08/2013. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepine as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended period of time. Therefore, the continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Klonopin 0.5 mg #60 is not medically necessary.

12 Sessions with a Nutritionist per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and Surgical Management of Obesity in Primary Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Lifestyle (diet and exercise) modifications.

Decision rationale: The injured worker has been struggling with weight loss. The Official Disability Guidelines recommend clinical counseling on lifestyle and behavioral modifications which include diet and exercise. Pharmacologic therapy may be offered to those who could not lose weight with diet and exercise alone. Bariatric surgery is considered in patients who have greater than 40 kg/m² BMI, who have also failed conservative management and present with comorbid conditions which risk their general health. Current guidelines relevant to the management of obesity include clinical counseling, medication therapy, and a surgical consult is recommended for the morbidly obese. The documentation provided indicated the injured worker suffered from obesity, but had a fair grip on healthy eating. The documentation provided indicated the injured worker could not discipline himself without reinforcement, and it was reported that he understood healthy eating habits and, therefore, nutritional counseling does not appear necessary. As such, the request for 12 sessions with a Nutritionist per year is not medically necessary.

8 Sessions of Psych Medication Management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The injured worker has been utilizing psych medications since at least 08/2013. The California MTUS/ACOEM Guidelines state followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy and whether the patient was missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) to reinforce the patient's support and positive coping mechanisms. Generally, patients with stress related complaints can be followed by a mid level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. The injured worker has been under long term care with a multiple medication regimen for the treatment of his psychological conditions; however, although the injured worker's symptoms are chronic in nature, a full year followup is not necessary. Therefore, the request for 8 sessions of Psych Medication Management are not medically necessary.

1 Functional Restoration 6 week program in LEIU of CBT and Nutritionist: 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 Functional Restoration Programs Page(s): 49.

Decision rationale: The injured worker struggles with bouts of anxiety, depression, and weight gain. The California Chronic Pain Medical Treatment Guidelines recommend a functional restoration program when patients have conditions that are at risk of delayed recovery. Patients must be motivated to return to work. Certain criteria must be met for the patient to be a candidate for the program. These criteria include a thorough evaluation prior to starting the program, unsuccessful results from previous treatments and no other options likely to resolve issues, significant loss of ability to function independently due to chronic pain. The patient is not a candidate for surgery or other treatments. The patient exhibits motivation to change and is willing to forego secondary gains such as disability payments, and negative predictors of success must first be addressed. Treatment length of over 2 weeks is not suggested, unless there is evidence of efficacy through subjective and objective gains. It may be possible that the patient may increase in pain due to an initial increase in function, so pain levels cannot be the only determinant of initial success. Treatment duration over 20 full day sessions requires clear rationale for the extension. Negative predictors of success included a negative relationship with the employer/supervisor, poor work adjustment and satisfaction, a negative outlook about future employment, high levels of psychosocial distress (higher pretreatment levels of depression, pain, and disability), involvement in a financial disability dispute, greater rates of smoking, duration of prereferral disability time, prevalence of opiate use, and pretreatment levels of pain. The documentation provided indicated a functional restoration program was not appropriate at this time. In order for the injured worker to meet the inclusion criteria for participation in such a program, they must be motivated to return to work, and documentation indicated the injured worker would not return to work and was disabled from gainful work. Furthermore, high levels of psychosocial distress (higher pretreatment levels of depression, pain, and disability) are negative predictors of success. The injured worker exhibited a high level of depression, and the request for 6 weeks of functional restoration program exceeds guideline recommendations. Therefore, the request is not medically necessary.