

Case Number:	CM14-0015967		
Date Assigned:	07/02/2014	Date of Injury:	09/01/2005
Decision Date:	08/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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:

The applicant is a represented [REDACTED] front/back office assistant who has filed a claim for chronic knee pain, drowsiness, insomnia, depression, shoulder pain, neck pain, and carpal tunnel syndrome reportedly associated with an industrial injury of July 18, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and transfer of care to and from various providers in various specialties. In a utilization review report dated January 21, 2014, the claims administrator partially certified a request for six psychotropic medication management office visits as one psychotropic medication office visit, denied a request for Paxil, denied a request for Klonopin, and denied a request for Restoril. The claims administrator seemingly based its denial for Paxil, in large part, on earlier utilization review reports, which also denied Paxil. The claims administrator also based its denial, in part, on causation grounds, stating that the "original diagnosis was not supportive for the use of this medication." The claims administrator then added that it did not appear that the applicant was benefiting from the medication in question. The applicant's attorney subsequently appealed. In a psychological note of September 4, 2013, the applicant was placed off of work from a mental health perspective. The applicant carried diagnoses of adjustment disorder, anxiety disorder, and depression, it was stated. The applicant also had derivative complaints of insomnia. Paxil, Ativan, Restoril, and Atarax were apparently renewed. It was stated that the applicant had ongoing complaints of depression, anxiety, and poor sleep. An earlier note of August 1, 2013 was also notable for comments that applicant was very depressed, anxious, and distraught. The applicant was again placed off of work, on total temporary disability. In the later mental health note of October 1, 2013, the applicant was described as having sedation with Ativan. The applicant was again placed off of work, from a mental health perspective, while Paxil, Ativan, and Restoril were

renewed. The overall commentary was quite sparse. Multiple progress notes interspersed throughout 2013 and 2014 both concluded that the applicant was placed off of work from a mental health perspective, including on March 25, 2014 in which the applicant was placed on total temporary disability owing to chronic pain complaints. This was echoed by later notes of June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT SESSIONS:

Overtured

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need a referral to a psychiatrist from medicine therapy. In this case, the applicant has more serious mental health issues, which have proven recalcitrant to several psychotropic medications and earlier psychological counseling. The applicant is off of work. More frequent follow up visits are therefore indicated, in light of the applicant's failure to return to work, as suggested on page 405 of the MTUS adopted ACOEM Guidelines in Chapter 15. Therefore, the request is medically necessary.

PAXIL 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines . MTUS 9792.20f.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, acknowledge that it takes "weeks" for psychotropic medications such as antidepressants to take effect, in this case, however, the applicant has been on Paxil, an SSRI antidepressant for what appears to be a span of several years. There has been no demonstration of functional improvement or medication efficacy as defined by the parameters established in MTUS 9792.20f. The applicant remains off of work, on total temporary disability, from a mental health perspective. The applicant continues to report ongoing symptoms of depression, anxiety, insomnia, seemingly unabated, despite ongoing usage of Paxil. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Paxil. Accordingly, the request is not medically necessary.

KLONOPIN 1MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Klonopin may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with an opportunity to recoup emotional and physical resources. In this case, however, the applicant has seemingly been using Klonopin on a chronic, long-term, and/or scheduled use basis. This is not indicated, appropriate, or supported by ACOEM. No rationale has been provided for ongoing usage of Klonopin, particularly in light of the applicant's ongoing issues with insomnia, anxiety, and depression. Therefore, the request is not medically necessary.

RESTORIL 30MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, benzodiazepine anxiolytic such Restoril may be appropriate for brief periods, in cases of overwhelming symptoms. Benzodiazepines are not, however, recommended for the chronic, long-term, and/or scheduled use purpose for which Restoril is being proposed here. In this case, no rationale for usage of two separate benzodiazepines, Restoril and Klonopin was provided. Therefore, the request was not medically necessary.