MAXIMUS Federal Services

Case Number:	CM14-0110118		
Date Assigned:	08/01/2014	Date of Injury:	08/01/2013
Decision Date:	09/03/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 34-year-old female date of injury from 8/1/2013-12/12/2013. Date of UR decision was 06/25/2014. Report dated 1/21/2014 indicated that mechanism of injury was by being subjected to sexual harassment, humiliation, and derogatory and demeaning remarks due to which she felt frustrated and worthless. It was suggested that she developed symptoms of mental disorder including depression, anxiety, irritability and insomnia. The report suggested that she was experiencing depression rated as 6-7/10 daily lasting for most of the day. She was given the diagnosis of Dysthymic Disorder (chronic depression initially caused by domestic violence) per that report. She was diagnosed with Major Depressive Disorder, Single Episode, Unspecified; Generalized Anxiety Disorder and Psychological Factors Affecting Medical Condition per report dated 5/20/2014. Prescriptions provided through the medical staff at that office were for BuSpar, #80, Fioricet #60, ProSom 2mg, #30 nightly as needed, and Wellbutrin 100mg, #60 with 2 refills. Per report dated 5/20/2014, she scored 17 on Beck Anxiety Inventory (BAI) indicating a moderate level of anxiety; Beck Depression Inventory score of 17 placed her in the mild to-moderate range of subjective depression, according to Beck scoring criteria. Report dated 5/15/2014 indicated that BuSpar, Fioricet, ProSom and Wellbutrin were continued. Appeal latter dated 6/16/2014 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management Sessions x2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress (Updated 06/12/2014), Office Visits.

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, Office Visits, Stress Related Conditions.

Decision rationale: The Official Disability Guidelines (ODG) states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Per report dated 5/20/2014, she was diagnosed with Major Depressive Disorder, Single Episode, Unspecified; Generalized Anxiety Disorder and Psychological Factors Affecting Medical Condition. Prescriptions provided through the medical staff at that office were for BuSpar #80, Fioricet #60, ProSom 2mg #30 nightly as needed, and Wellbutrin 100mg #60 with 2 refills. The request for medication management sessions times two is medically necessary to safely taper some of these medications, which are not indicated for long-term use per the guidelines.

Fioricet, qty 60: 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), Pain (Updated 06/10/2014), Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Fioricet.

Decision rationale: Fioricet (Butalbital, Acetaminophen, and Caffeine Tablets, USP), is indicated for the relief of the symptom complex of tension (or muscle contraction) headache. Evidence supporting the efficacy and safety of Fioricet in the treatment of multiple recurrent headaches is unavailable. Caution in this regard is required because butalbital is habit-forming and potentially abusable. There is no FDA approved indication for use of Fioricet in this case. In addition, this medication is not indicated for long-term use. Thus, the request for Fioricet, #60 is not medically necessary.

ProSom 2mg, qty30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Benzodiazepines Page(s): 24, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Updated 05/15/2014), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine (Weaning of Medications) Page(s): 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Insomnia Treatment.

Decision rationale: ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. Per the MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The request for ProSom 2mg, #30 is not medically necessary.

Wellbutrin 100mg, qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buproprion Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental Illness, Bupropion (WellbutrinÂ®), Antidepressants for treatment of MDD (Major Depressive Disorder).

Decision rationale: The MTUS talks about use of Bupropion in chronic neuropathic pain but is silent regarding its use in depression. The Official Disability Guidelines (ODG) states Bupropion (Wellbutrin) is recommended as a first-line treatment option for major depressive disorder. It also states antidepressants for treatment of MDD (major depressive disorder): recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Bupropion is not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. The request for Wellbutrin 100mg, #60 is medically necessary for the continued treatment of Major Depressive Disorder.

Buspar 10mg, qty 80: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation (ODG-TWC), Pain Procedure Summary (Updated 04/10/2014).

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

Decision rationale: Per Official Disability Guidelines (ODG) with regard to anxiety medications in chronic pain: Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Buspirone (Buspar, generic available) is also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for Buspar 10mg, #80 is medically necessary for continued use of Generalized Anxiety Disorder.