

Case Number:	CM14-0033244		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2006
Decision Date:	07/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/17/2014

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:

56years old male injured worker with date of injury 2/10/06. Per 5/28/14 progress report, he presented with depressed mood with anhedonia and loss of libido; middle and late insomnia; poor concentration, attention and memory, decreased appetite, poor self-esteem, and worthlessness, low energy and fatigue, irritability and anger, hopelessness and helplessness. He denied suicidal ideation. He reported his symptoms had slightly improved since he started to take Lexapro. He denied side effects from Lexapro. Objective findings included: Eye Contact: fair. Speech: Rate: normal. Volume: normal. Articulation: normal. Quality: normal. Motor Activity: no psychomotor agitation/retardation, no abnormal involuntary movements, impaired guarded gait, patient makes effort to keep balance. Mood: slightly less depressed. Affect: Range: slightly constricted. Motility: fluid. Quality: average, appropriate to content and situation. Thought Process: logical, goal directed. Thought Content: no delusions, no paranoid ideation, no obsessive/intrusive thoughts. Dangerousness: no suicidal ideation, no homicidal ideation, no self-injurious thoughts. Perceptual Disturbance: denies does not appear to respond to internal stimuli. Attention/Concentration: fair, follows the line of the interview without major difficulties. Abstraction: good. Judgment: fair, compliant with the treatment plan, open to different treatment options. Insight: good, understands most of the symptoms of mental illness and the need for treatment. He had stopped taking Effexor after 2 weeks due to decrease of libido and erection. He also reported constipation and feeling malaise while he was taking Effexor, per 4/16/14 progress report. The date of UR decision was 3/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines Behavioral Interventions, page 23 and Official Disability Guidelines (ODG) Mental Illness & Stress, Psychotherapy For MDD (Major Depressive Disorder).

Decision rationale: MTUS states "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." ODG states: "Recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of MDD; a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the patient has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy. Not recommended as a stand-alone treatment plan for severe presentations of MDD." The injured worker has been diagnosed with major depressive disorder, however, the documentation submitted for review do not indicate that he has completed an initial trial of psychotherapy. CA MTUS supports an initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, up to 6-10 visits over 5-6 weeks. As the request of six (6) psychotherapy sessions exceeds the recommended initial trial, it is not medically necessary and appropriate.

Effexor XR 75mg extended release capsule #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines VENLAFAXINE Page(s): 123.

Decision rationale: The CA MTUS states with regard to Effexor: "Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches." Per 4/16/14 progress report, which was not available to the UR physician, the injured worker stopped using this medication secondary to side effects and was switched to Lexapro. As the request is no longer part of the treatment plan, the request for Effexor XR 75mg extended release capsule #30 with one refill is not medically necessary and appropriate.

Six (6) medication management visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the ODG-TWC Procedure summary last updated 01/07/2014.

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 & STRESS, OFFICE VISITS.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self-care as soon as clinically feasible."The documentation submitted for review indicates that the injured worker recently transitioned from Effexor to Lexapro and has had a slight decrease in symptoms. Therefore, the request for six (6) medication management visits is medically necessary and appropriate.