MAXIMUS Federal Services

Case Number:	CM14-0057185		
Date Assigned:	07/09/2014	Date of Injury:	05/24/1999
Decision Date:	09/16/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Neurology, has a subspecialty in Geriatric 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:

Records reviewed include 143 pages of medical and administrative records. The injured worker is a 59 year old female whose date of injury is 05/24/1999. Her primary diagnosis is unspecified depressive disorder, and somatic symptom disorder with predominant pain, persistent moderate. She has a history of depression and chronic pain. [redacted] did a supplemental report on 12/26/13. He reviewed voluminous medical records dating back to the 1990's. The patient has a long history of medical problems including pancreatitis, gastritis, esophagitis, hypertension, and thyroid cancer. He indicated that the patient had not had any psychotherapy in his clinic since the last re-evaluation in 05/2008. The patient was re-evaluated by [redacted] on 02/19/14. Her primary care physician prescribed Alprazolam and Ambien with some benefit in decreasing her anxiety and sleep disturbance. She had not returned to work due to chronic pain and debilitating psychiatric symptoms, and has not participated in vocational rehab training. Since her last re-evaluation her feelings of depression and anxiety have intensified. She now suffers from increased anxiety and chronic depression, suicidal ideation without plan or intent 2-3 times per month at times of increased illness, increased irritability, angry, and is socially withdrawn and tearful. Impaired memory and concentration have also increased. She feels overwhelmed by her compromised physical functioning and increasingly unable to be productive and active during the day. She had not received the recommended psychiatric treatment. She reported that the Alprazolam was not effective and she remained very very anxious, and on Ambien her sleep was significantly reduced to 3 hours, whereas in the past she was able to sleep 5-6 hours. She has been repeatedly hospitalized for stent insertion and removal in her bile duct (pancreatitis treatment). She takes Synthroid, Omeprazole, Vicodin for the pancreatitis pain, and an antihypertensive. She has not received any treatment for musculoskeletal pain, which has worsened and causing more sleep and mobility difficulties. Her Beck Inventories were extreme

for depression and severe for anxiety, Suicide Probability Scale was moderate (decrease from prior testing at severe). Her presentation was consistent with an unspecified depressive disorder and she remained preoccupied with pain. Psychotherapy once per week for 20 weeks, with psychotropic medication consultations on a once per month basis x 6 were recommended. The psychotherapy request was modified to 6 visits over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy times 20 visits, once a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and stress Cognitive therapy for depression Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 102.

Decision rationale: On 04/04/14 the patient received certification for 6 individual psychotherapy sessions over 6 weeks. There is no evidence provided from records reviewed that these sessions have been used. This request is inappropriate as long as there are outstanding certified sessions that have not been used. Until such time as records are provided showing that the patient has received those psychotherapy services, this request is not medically necessary.

Alprazolam, Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Guidelines regarding Benzodiazepines, www.drugs.com Official Disability Guidelines Stress and Mental Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Mental Illness & Stress.

Decision rationale: The patient has been prescribed Ambien since 2006 and Alprazolam since 2007, neither of which have been particularly effective in treating her anxiety or sleep disturbance. Alprazolam is a benzodiazepine, which MTUS does not recommend for long term use for many reasons including tolerance to both the hypnotic and anxiolytic effects. She has been on Alprazolam well beyond the recommended guideline of 4 weeks. As a more appropriate treatment for this patient's anxiety disorder might be an antidepressant, and she also suffers from a depressive disorder, it may be more beneficial to her to receive a trial of an antidepressant. Ambien (Zolpidem) is also not recommended for long term use. It would be wise to counsel the patient on sleep hygiene practices as an alternative. Unfortunately, her sleep disruption and anxiety are tied together. The anxiety will continue to fuel the sleep disruption and visa versa, thus keeping her in a cycle which must be broken for either of them to improve. Studies have

shown that Ambien increases the ability to remember negative images. A patient who is highly anxious is in a heightened state of arousal, as such an agent with this effect should be used with caution and guidelines of short term use should be followed. There is no evidence that the patient has received a psychopharmacology consultation to assess what would best treat both her anxiety and depression, and her sleep disturbance. Given all of the above factors, the request for Ambien and Alprazolam is not medically necessary.