

Case Number:	CM14-0062154		
Date Assigned:	07/11/2014	Date of Injury:	02/28/1996
Decision Date:	08/21/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	05/05/2014

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 Illinois and Wisconsin. 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 patient is a 55 year old female with a date of injury in February of 1996. She has been under treatment with medications and psychotherapy for Major Depression and chronic pain. A secondary treating physician's report dated 10/15 of last year indicated that the patient had attended 5 Cognitive Behavioral Therapy sessions. Her primary diagnosis at the time was indicated as Pain Disorder with a Medical Condition and Psychological Factors with secondary diagnoses of Major Depressive Disorder Moderate and Post traumatic stress disorder (PTSD). An additional 6 sessions at a rate of twice per month were requested at that time. A subsequent report dated 11/12 indicated that she had attended 6 sessions with worsening of symptoms. Beck Depression Inventory (BDI) score at that time was reported as 35, indicating severe depression. On 1/21 of this year it was reported that she had attended an additional 2 sessions. On 4/11 a decision was made to non-certify a requested additional 12 psychotherapy sessions. At the same time a decision was made to modify requests for Cymbalta 60 mg #30 with three refills, Seroquel 50 mg #120 with three refills and trazodone 100 mg #60 with three refills. The reviewer modified the above requests to one refill of each medication. This represents a review of the request for coverage for 12 psychotherapy sessions as well as the original requests for Cymbalta 60 mg #30, Seroquel 50 mg #120 and Trazodone 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy Sessions: 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), Cognitive Behavior Guidelines (CBT) for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Part 2- Pain interventions and Treatments, page 23 Page(s): 23. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: It is not clear if she is receiving psychotherapy for pain or Major Depressive Disorder. The records indicate that she has a treatment history dating back to her injury. While it is not clear how many sessions she has had, it appears that she has had well over the maximum recommended by the above guidelines. State of California Medical Treatment Utilization Schedule (MTUS) indicate 3-4 sessions and with evidence of improvement a total of 6-10 visits. Official Disability Guidelines (ODG) indicates up to 50 sessions if progress is being made. The records submitted do not establish that progress has been made despite an extensive treatment history over almost 20 years. As such continued psychotherapy sessions are not indicated according to the cited evidence based guidelines.

1 Prescription of Cymbalta 60mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress & Illness.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 43.

Decision rationale: The above recommend Duloxetine as a first line agent for neuropathic pain. No limit is given on time. The request for 4 months supply of medication does not seem to be inordinate in view of the patient's chronic condition and as such appears to be supported by the State of California Medical Treatment Utilization Schedule (MTUS).

1 Prescription of Quetiapine 50mg #120 with 3 refills: 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), Mental Stress & Illness, Atypical Antipsychotics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) indicates that continuing an established course of antipsychotics is important but they can decrease motivation and effectiveness at work. Official Disability Guidelines (ODG) indicates

that Quetiapine is not recommended as a first line treatment. This does not appear to be continuing an established course of this medication and its use is not supported by the ODG. As such it should not be considered as medically necessary.

1 Prescription of Trazadone 100mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Stress & Illness.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG).

Decision rationale: The State of California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) are silent in regards to this medication. Official Disability Guidelines (ODG) indicates that Trazadone is recommended as an option in treating insomnia. As such use of this medication is supported. There is no indication of a recommended time frame. The patient has had chronic problems and there is no concern about tolerance or dependence. As such the requested 60 Trazadone 100 mg tablets with three refills is supported as being medically necessary according to the ODG.