

Case Number:	CM14-0069649		
Date Assigned:	07/14/2014	Date of Injury:	06/09/2007
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 patient is a 54-year-old female who has submitted a claim for depression, anxiety, and chronic pain syndrome associated with an industrial injury date of 06/09/2007. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain, graded 6/10 in severity. The patient reported periodic anxiety during the day but intake of paroxetine improved her symptoms. The patient likewise experienced insomnia and intake of Zolpidem allowed her to fall asleep earlier. The patient denied suicidal ideation and hallucinations. Beck Depression Inventory showed a score of 39 signifying severe depression. The patient cried easily and felt hopeless about the future. Progress report from January 13, 2014 cited that cognitive behavior therapy allowed her to learn strategies in managing her depression and anxiety. Treatment to date has included physical therapy, cognitive behavior therapy, acupuncture, and medications such as Paroxetine, Omeprazole, and Lorazepam (since December 2013). Utilization review from 04/23/2014 certified the request for Paroxetine 20mg #60 with 6 refills because it had improved depression and chronic pain symptoms; denied Lorazepam 0.5mg #30 with 6 refills because long-term use was not recommended; denied Omeprazole 20mg #60 with 6 refills because there was no evidence of gastrointestinal condition; and denied Cognitive Behavioral Therapy x 6 because of lack of clinical indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine 20mg #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to Official Disability Guidelines, antidepressants are 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. In this case, the patient has been on Paroxetine since 2013 for depression and chronic pain syndrome. Progress report from 4/1/14 cited that she reported significant improvement in anxiety attributed to its use. The medical necessity for continuing its prescription has been established; however, utilization review from 4/26/2014 had already certified to this request. Therefore, the request for Paroxetine 20mg #60 with 6 refills is not medically necessary.

Lorazepam 0.5mg #30 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of California MTUS Chronic Pain Medical Treatment 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. In this case, the patient has been on Lorazepam since 2013. However, there was no clear indication for this medication. Functional response and symptom relief from its use were not evident. Long-term use is likewise not recommended. Therefore, the request for Lorazepam 0.5mg #30 with 6 refills is not medically necessary.

Omeprazole 20mg #60 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on Omeprazole since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, the patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for Omeprazole 20mg #60 with 6 refills is not medically necessary.

Cognitive Behavioral Therapy x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23, 101.

Decision rationale: As stated on page 101 of California MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, medical records submitted for review showed that the patient has been experiencing anxiety, depression and insomnia related to her chronic pain. Progress report from January 13, 2014 cited that cognitive behavior therapy allowed her to learn strategies in managing her depression and anxiety. However, there was no documentation concerning the total number of therapy sessions completed. There was likewise no discussion concerning need to provide additional sessions. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cognitive Behavioral Therapy x 6 is not medically necessary.