

Case Number:	CM14-0072879		
Date Assigned:	07/16/2014	Date of Injury:	06/14/2000
Decision Date:	08/25/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/19/2014

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:

Injured worker is a 73 year old male with date of injury 6/14/2000. Date of the UR decision was 4/17/2014. Mechanism of injury was described to be cumulative work related trauma while working as a welder. Report dated 10/25/2013 listed subjective complaints of feeling depressed due to non-resolution of pain. He was diagnosed with Major Depressive disorder; Anxiety disorder, substance induced and rules out organic brain disorder. She was prescribed Celexa 60 mg, Ambien 10 mg at bedtime, Topiramate 25 mg daily, Viagra 100 mg as needed, and Ibuprofen. The treating provider requested for 24 times 7 homecare and transportation to all appointments. Report dated 2/10/2014 suggested that the depression is related to the severity of pain issues. Objective findings suggested that he was depressed, anxious and apprehensive about his health condition. He was taking Celexa 40 mg, Topiramate 25 mg listed for nightmares. Ambien had been discontinued per that report. Report dated 3/31/2014 indicated that he had elevation in pain levels but improvement in mood. Per the report, he had been prescribed Wellbutrin SR 100 mg, Celexa 40 mg, Topiramate 25 mg, Viagra and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA- Topiramate.

Decision rationale: Topiramate is an anticonvulsant medication approved for use alone or with other medications to treat patients with epilepsy who have certain types of seizures. Report dated 2/10/2014 suggested that the injured worker's depression was related to the severity of pain issues. Objective findings suggested that he was depressed, anxious and apprehensive about his health condition. He was taking Celexa 40 mg, Topiramate 25 mg listed for nightmares. Using Topiramate to reduce re-experiencing symptoms such as nightmares in PTSD is not supported by statistically significant evidence from double-blind, placebo- controlled trials. However, numerous open-label studies and case reports suggest that there may be a role for Topiramate in PTSD patients who do not respond to other treatments. It appears that Topiramate is being used off label in this case. The request for Topiramate 25 mg, #30 is not medically necessary.

Home Health Care 24/7 for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines - Home Health Services; Center for Medicare and on the Medicaid Services (CMS), 2004, Medicare Coverage of Home Health Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS states Home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) The reviewed documentation does not suggest that the injured worker is completely homebound or unable to perform any ADL's. Thus, the request for Home Health Care 24/7 for 6 months is not medically necessary at this time.

Psychopharmacology Management 1 times a month for 6 months: 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 & Stress Chapter, Evaluation and Management.

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: ODG states Office visits: 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. Report dated 3/31/2014 indicated that he had elevation in pain levels but improvement in mood. Per the report, he had been prescribed Wellbutrin SR 100 mg, Celexa 40 mg, Topiramate 25 mg, Viagra and Ibuprofen. The request for Psychopharmacology Management 1 times a month for 6 months is not medically necessary as he is not on medications that would require close monitoring. Also the report dated 3/31/2014 suggested improvement in mood. Thus the request for monthly follow ups is not medically indicated.