

Case Number:	CM14-0080981		
Date Assigned:	07/18/2014	Date of Injury:	10/16/1996
Decision Date:	09/30/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 62 year old female with date of injury 10/16/1996. Date of the UR decision was 5/2/2014. It has been suggested that the injured worker suffers from chronic pain. Report dated 4/14/2014 indicated that the injured worker presented with subjective complaints of severe anxiety, tension, feelings of vulnerability, difficulty sleeping and neurovegetative signs. Objective findings stated that she was anxious and that her "voice was on edge". She was given the diagnosis of Major Depression. Report dated 12/13/2012 listed diagnosis of Osteoarthritis of bilateral knees and rule out bilateral carpal tunnel. There is no documentation available regarding the psychotropic medications being prescribed for her, the duration of time she has been continued on these medication, the results of treatment etc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Individual 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) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

Decision rationale: The submitted request does not specify the number of sessions of Individual Psychotherapy being requested. There is also no information regarding the goals of treatment, any past treatment that she has undergone in the past etc. Thus, the request for Unknown Individual Psychotherapy sessions is not medically necessary.

Alprazolam .25gm Unknown Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Anxiety.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. The submitted documentation does not have any information available regarding the psychotropic medications being prescribed for her, the duration of time she has been continued on these medications, the results of treatment etc. The request for Alprazolam .25gm Unknown Quantity is not medically necessary.

Buspirone 10mg Unknown Quantity: 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) Pain (Chronic) Antidepressants for treatments of MDD (Major Depressive Disorder).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The submitted documentation does not have any information available regarding the psychotropic medications being prescribed for her, the duration of time she has been continued on these medications, the results of treatment etc. The request for Buspirone 10mg Unknown Quantity is not medically necessary.

Escitalopram 20mg Quantity Unknown: 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 Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The submitted documentation does not have any information available regarding the psychotropic medications being prescribed for her, the duration of time she has been continued on these medications, the results of treatment etc. Thus, the request for Escitalopram 20mg Quantity Unknown is not medically necessary.