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| Case Number: | CM14-0097764 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 10/05/2001 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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:

The injured worker is a 58 year old male with date of injury 10/5/2001. Date of the UR decision was 6/13/2014. Progress Report dated 6/11/2014 suggested that injured worker presented with chief complaints of low back pain, right leg pain, neck and right shoulder pain. It was indicated that he was undergoing physical therapy twice a week and had been recommended Epidural Steroid Injections by Orthopedic specialist. He was diagnosed with Lumbago, Insomnia secondary to pain and depression secondary to the pain. He was continued on Fentanyl patch, Norco, Lidoderm patch and Flexeril. The hospital release report dated 11/27/2012 stated that was hospitalized from 11/7/2012- 11/26/2012 after having suicidal ideations with a plan to end his life by jumping off the bridge. He was taking Quetiapine, Citalopram, Cymbalta, Gabapentin, Flexeril, Pantoprazole, Mirtazepine and Docusate. Psychologist report dated 8/16/2013 suggested that he was being diagnosed with Major Depressive Disorder, suicidal with psychotic features and Adjustment disorder with mixed anxiety and depressed mood. He had been receiving individual therapy weekly, stress management and medication management sessions. Report dated 5/23/2014 suggested that he reported having significant orthopedic pain which was interfering with his sleep at night. He reported that had continued experience with suicidal ideations but had experienced some decrease in frequency with the treatment and the medications. Objective findings suggested that the injured worker appeared tired, his movements were listless and had difficulty with memory and concentration and continued to ambulate with a walker. He had been prescribed Cymbalta 90 mg daily, Seroquel 200 mg at bedtime, Remeron 45 mg at bedtime, and Neurontin 600 mg at bedtime. It was indicated by the Psychologist that he was in need of 24x7 homecare by a skilled LVN and transportation to all medical appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral therapy QTY #36: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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) <Stress and Mental illnesschapter, <Cognitive therapy for depression.

Decision rationale: The California MTUS indicates that behavioral interventions are recommended. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)ODG Psychotherapy Guidelines recommends up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In the cases of severe Major Depression or PTSD, patient can get up to 50 sessions if progress is being made. The request for an Individual cognitive behavioral therapy QTY #36 is excessive and thus not medically necessary based on the guideline recommendations.

Group Therapy 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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) <Stress and Mental illnesschapter, <Cognitive therapy for depression.

Decision rationale: The California MTUS indicates that behavioral interventions are recommended. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The ODG Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The request for Group Therapy 24 sessions is excessive and thus not medically necessary based on the guideline recommendations.

Psychopharmacology management 3 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The ODG indicates office visits recommended as determined to be medically necessary. The 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. A report dated 5/23/2014 suggested that he reported having significant orthopedic pain which was interfering with his sleep at night. He also reported that he continued experience with suicidal ideations but had experienced some decrease in frequency with the treatment and the medications. Objective findings suggested that the injured worker appeared tired, his movements were listless and had difficulty with memory and concentration and continued to ambulate with a walker. He had been prescribed Cymbalta 90 mg daily, Seroquel 200 mg at bedtime, Remeron 45 mg at bedtime, and Neurontin 600 mg at bedtime. The request for Psychopharmacology management 3 sessions is medically necessary based on injured worker's psychological symptoms and the medications that he has been prescribed.

Cymbalta 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The psychologist report dated 8/16/2013 suggested that he was being diagnosed with Major Depressive Disorder, suicidal with psychotic features and Adjustment disorder with mixed anxiety and depressed mood. The report dated 5/23/2014 suggested that he reported having significant orthopedic pain which was interfering with his sleep at night. He reported that he continued to experience with suicidal ideations but had experienced some decrease in frequency with the treatment and the medications. Objective findings suggested that the injured worker appeared tired, his movements were listless and had difficulty with memory and concentration and continued to ambulate with a walker. He had been prescribed Cymbalta 90 mg daily, Seroquel 200 mg at bedtime, Remeron 45 mg at bedtime, and Neurontin 600 mg at bedtime. ODG recommends that antidepressants are the treatment of choice for Major Depressive Disorder. However, the request for unspecified quantity of Cymbalta 30mg is not medically necessary.

Seroquel 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 102-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stres, Quetiapine (Seroquel).

Decision rationale: The ODG recommends that Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. Seroquel has FDA-approved indications for schizophrenia and bipolar disorder. There is no indication for use of Seroquel for the injured worker based on the documentation available. The request for Seroquel 200mg #30 is not medically necessary.

Remeron 45mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: The psychologist report dated 8/16/2013 suggested that he was being diagnosed with Major Depressive Disorder, suicidal with psychotic features and Adjustment disorder with mixed anxiety and depressed mood. The report dated 5/23/2014 suggested that he reported having significant orthopedic pain which was interfering with his sleep at night, he reported that was continued to experience with suicidal ideations but had experienced some decrease in frequency with the treatment and the medications. Objective findings suggested that the injured worker appeared tired, his movements were listless and had difficulty with memory and concentration and continued to ambulate with a walker. He had been prescribed Cymbalta 90 mg daily, Seroquel 200 mg at bedtime, Remeron 45 mg at bedtime, and Neurontin 600 mg at bedtime. ODG recommends that antidepressants are the treatment of choice for Major Depressive Disorder. The request for Remeron 45mg #30 is medically necessary for treatment for injured worker's condition.

Neurontin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: The injured worker suffers with low back pain, right leg pain, neck and right shoulder pain. It has been indicated that he had been undergoing physical therapy twice a week and had been recommended Epidural Steroid Injections by Orthopedic specialist. He was diagnosed with Lumbago, Insomnia secondary to pain and depression secondary to the pain. MTUS indicates Gabapentin (Neurontin(R), Gabarone(tm), generic available, has been shown to

be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has been given FDA approval for treatment of post-herpetic neuralgia. There is limited evidence to show that this medication is effective for postoperative pain, where there is fairly good evidence that the use of Gabapentin and Gabapentin-like compounds results in decreased opioid consumption. It is recommended as a trial for CRPS), Fibromyalgia, Lumbar spinal stenosis. The injured worker does not have the symptoms or the diagnosis stated above which would warrant the use of Neurontin. The request for Neurontin 600mg #30 is not medically necessary based on the guideline recommendations for the use of this medication.