

Case Number:	CM14-0185524		
Date Assigned:	11/13/2014	Date of Injury:	12/11/2001
Decision Date:	02/04/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Psychiatrist (MD), has a subspecialty in Geriatric 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:

Records reviewed include 450 pages of medical and administrative records. The patient is a 46 year old male whose date of injury was 12/11/2001, while working as a warehouse manager unloading heavy industrial items his back and neck were injured. He subsequently suffered from radicular symptoms into his left leg and persistent back pain. He was treated conservatively, underwent surgeries, injections, and received physical therapy and pain medications. Despite all of these treatments he stated that he felt worse. He limped and ambulated with a cane. His wife basically performed his activities of daily living. Around 2008 the patient consulted with Dr. [REDACTED], with whom he continues to follow up monthly. He was diagnosed with mood disorder, anxiety disorder due to general medical condition with panic attacks, opioid induced sexual dysfunction, opioid induced sleep disorder, and dysfunctional characterological traits. The current primary diagnosis is postsurgical states NEC. On 04/08/14 an evaluation of fitness for medical procedures by [REDACTED], PhD was performed for a lumbar epidural steroid injection. He was on Ambien 10mg, Prozac 40mg, lorazepam, Xanax 0.5mg, and Levitra 20mg. He reported anxiety, sleep problems, depression, and sexual dysfunction. He was on continual pain medications for severe chronic pain. Based on the evaluation and psychological testing, his depression was assessed as mild and anxiety as moderate. 05/14/14 PR2 by [REDACTED], PhD indicated that [REDACTED] MD (psychiatrist) was prescribing Prozac 40mg QAM for depression, Xanax 0.5mg TID for anxiety, Ambien 10mg 2QHS for insomnia, Levitra 20g QD prn erectile dysfunction, and Klonopin 1mg BID for anxiety. The patient was in great pain, tearful, and reported that the meds helped. Ativan made his ears ring. He has been on these medications for years. He gave the patient the diagnoses of major depressive disorder single episode severe, psychological factors affecting medical condition, and insomnia type sleep disorder due to pain. A PR 2 of 07/01/14 from Dr. [REDACTED] shows that the patient reported relief of

anxiety from Klonopin and that sleep is broken. On 08/06/14 Dr. [REDACTED] reported that the patient sleeps 5-6 hours per night, cries, is depressed and anxious, and is in pain. Orthopedic PR2 of 09/17/14 noted that medications included Nucynta ER for severe pain, Norco, Trexemet for migraines, Zanaflex as a muscle relaxer, and Neurontin for nerve pain, Colace as a stool softener, and Nexium for stomach acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 monthly psychotropic medication management sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999, page 460

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 & Stress, Office Visits

Decision rationale: The California MTUS does not address psychotropic medication monitoring. Official Disability Guidelines was used in the formulation of this decision. The patient is on multiple medications for pain, depression, and anxiety. Psychotropic medication monitoring is indicated to assess the efficacy, presence of side effects, and potential drug: drug interactions. At last report, he was on Prozac, Ambien, Levitra, and Klonopin, in addition to multiple pain medications. There are conflicting reports however regarding the patient's level of depression and anxiety. In April 2014 (based on psychological testing) Dr. [REDACTED] reported mild depression and moderate anxiety. In May 2014 (with no reported psychological testing/metrics or accurate symptom description) Dr. [REDACTED] assigned him the diagnosis of major depressive disorder single episode severe. The depressive symptoms between those appointments were not well delineated. In addition, he is on Levitra with no recent complaints or mentions of erectile dysfunction. While medication monitoring of any type is essential, especially when there are multiple pain medications involved, the request of six monthly visits in the absence of a complete re-evaluation is not indicated. Therefore, this request is not medically necessary.

Prozac 40 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatments of MDD (major depressive disorder)

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were used in the formulation of this decision. The patient has been on Prozac since at least 2008. There are conflicting reports regarding the patient's level of depression. In April 2014 (based on psychological testing) Dr. [REDACTED] reported mild depression while in May 2014 (with no reported psychological testing/metrics or accurate symptom description) Dr. [REDACTED] assigned him the diagnosis of major depressive disorder single episode severe. The depressive symptoms between those appointments were not well delineated. However, in a patient who is reportedly depressed it would be contraindicated to withdraw him from an antidepressant and risk the potential worsening of any prior symptoms, even those which may not be well delineated at this time. As such, this request is medically necessary.

Ambien 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 & Stress, Zolpidem

Decision rationale: The California MTUS does not reference Ambien; Official Disability Guidelines was used in the formulation of this decision. The patient has been prescribed Ambien (Zolpidem) since at least 2008. Ambien is a non-benzodiazepine sedative-hypnotic is approved for short term use of two to six weeks; clearly his prescriptions have exceeded guidelines. There is also concern that it may impair function and memory, and increase pain and depression over the long term. There is no evidence from records provided that other means have been attempted to alleviate his sleep disturbance such as education regarding sleep hygiene. Therefore, this request is not medically necessary.

Levitra 20 mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Guidelines on the Treatment of Erectile Dysfunction 2006

Decision rationale: The California MTUS, Official Disability Guidelines, and ACOEM were thoroughly searched. No reference is made in any regarding sexual dysfunction, Levitra, or Vardenafil. The American Urological Association Guidelines for the Management of Erectile Dysfunction 2006 were used. Levitra is from the class of drugs, phosphodiesterase-5 inhibitors. These are the most commonly used to treat erectile dysfunction. Records from 2008 indicate that the patient complained of opioid induced sexual dysfunction and was prescribed Levitra. This is clearly a different diagnosis than erectile dysfunction. Opioids to some extent can cause hypogonadal and androgen-inhibiting states, which would lead to sexual dysfunction.

Documentation for medical necessity is inadequate in that no symptoms were described; no diagnosis was given of erectile dysfunction. Since at least 04/08/2014, there has been no mention of erectile dysfunction symptoms or notes of the patient having been queried as to his sexual activity such that an assessment could be made. Therefore, this request is not medically necessary.

Klonopin 1 mg #120: 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 Chapter

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

Decision rationale: In 2008 the patient was diagnosed with anxiety disorder due to general medical condition with panic attacks. According to the guidelines, benzodiazepines are not recommended for long-term use. He has been on benzodiazepines since at least 04/2014 and on Klonopin 1mg BID since 05/14/14. The nature of his anxiety is unclear, as are his symptoms. As such, this request is not medically necessary.