

Case Number:	CM15-0001935		
Date Assigned:	01/13/2015	Date of Injury:	09/07/2012
Decision Date:	03/16/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

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 45-year-old female who reported injury on 09/07/2012. There was a Request for Authorization submitted for review dated 12/23/2014. The documentation of 12/18/2014 revealed the injured worker was feeling slightly better. The injured worker was noted to report less anhedonia. The injured worker denied side effects for Prozac. The injured worker continued trazodone 50 mg and reported fair sleep, which fluctuated in response to external stressors. The injured worker continued individual psychotherapy for anxiety and stated it was beneficial and the injured worker was learning techniques to control her anxiety better and focus on different aspects of her life. The mechanism of injury was not provided. The diagnoses included major depressive disorder, recurrent episode, full remission; adjustment disorder with anxiety; and insomnia related to anxiety. The treatment plan included Prozac 40 mg by mouth every morning 20 mg #60, trazodone 50 mg by mouth at bedtime #30 with 2 refills and individual cognitive behavioral therapy for anxiety and better stress tolerance and a 6 week course of cognitive behavioral therapy for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical management monthly 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, Pain Procedure Summary

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 Chapter, Office Visit.

Decision rationale: The Official Disability Guidelines indicate that office visits are appropriate based on the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment and the determination is based on medications the injured worker is taking. The clinical documentation submitted for review indicated the injured worker continued to have complaints of frequent episodes of depression. The injured worker's diagnoses include major depressive disorder, recurrent episode, full remission. The injured worker's medications were noted to be continued. However, there was a lack of documentation indicating the injured worker would need to maintain the medications for 6 months and as such, the request is not supported. Given the above, the request for medical management monthly times 6 is not medically necessary.

Prozac 40mg PO Q AM (20mg #60): 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was not having side effects to the medications. The documentation indicated the injured worker's sleep quality fluctuated. There was a lack of documentation of an objective decrease in pain and objective functional improvement. Given the above, the request for Prozac 40 mg by mouth every morning (20 mg #60 is not medically necessary).

Trazadone 50mg PO QHS (50mg #30)- 2 refills: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker was not having side effects to the medications. The documentation indicated the injured worker's sleep quality fluctuated. There was a lack of documentation of an objective decrease in pain and objective functional improvement. There was a lack of indicating a necessity for refills. Given the above, the request for trazodone 50 mg by #30 with 2 refills is not medically necessary.

Group cognitive behavioral therapy weekly 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, Mental Illness & Stress Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Group therapy.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not specifically address cognitive therapy for depression. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that cognitive behavioral therapy is recommended for major depression of up to 50 sessions if progress is being made. They do recommend group therapy for injured workers with PTSD. However, there was a lack of documentation indicating the injured worker had PTSD. There was a lack of documentation indicating the injured worker had a necessity for group therapy. The documentation indicated the request for group therapy was made for insomnia treatment and this use is not supported per the guideline recommendations. As such, the requested Group cognitive behavioral therapy weekly x 6 is not medically necessary.

Continue individual cognitive behavioral therapy: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not specifically address cognitive therapy for depression. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that cognitive behavioral therapy is recommended for major depression of up to 50 sessions if progress is being made. The request, as submitted, failed to indicate the quantity of sessions being requested. There was a lack of documentation indicating the quantity of sessions previously attended. The objective functional benefit was not provided. Given the above, the request for continued individual cognitive behavioral therapy is not medically necessary.