

Case Number:	CM15-0002957		
Date Assigned:	01/13/2015	Date of Injury:	12/17/2005
Decision Date:	03/20/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/06/2015

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 34-year-old female who reported injury on 12/17/2005. The mechanism of injury was cumulative trauma. The other therapies were not specifically provided. There was a request for acupuncture. The diagnostic studies and surgical history was not provided. The prior medications were noted to include Klonopin 2 mg, Lamictal 200 mg, Prozac 20 mg, Restoril 15 mg, and Atarax as of 06/2014. There was a Request for Authorization submitted for review dated 11/03/2014. The documentation of 11/03/2014 revealed the injured worker was still quite depressed and tearful. The functional benefit with medication management and medications indicated the injured worker had been better able to execute functions of daily living. The injured worker had been utilizing the medications on a month to month basis in coordination with a once a month consultation. The benefit of month to month psychotropic medication management was noted to allow the physician to address any changes and monitor the effectiveness of the medications. The physician documented it was essential to continue medications as prescribed to prevent regression. The diagnoses included major depressive disorder, SE, severe; insomnia type sleep disorder due to pain; and female hypoactive disorder due to pain. The treatment plan included monthly medication visits; Klonopin 2 mg one 3 times a day #90 for anxiety; Lamictal 200 mg 1 QAM #30 for mood stabilizer; and Prozac 40 mg 1 QAM #30 for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Mental Illness & Stress Procedure Summary, Benzodiazepines

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

Decision rationale: California Medical Treatment Utilization Schedule Guidelines indicate that benzodiazepines are not recommended as treatment for patients with chronic pain for longer than 4 weeks, due to a high risk of psychological and physiological dependent. The clinical documentation submitted for review is indicated the injured worker had utilized the medication for an extended duration of time. The documentation indicated the objective functional benefit was the injured worker was better able to execute activities of daily living. However, there was a lack of documentation of exceptional factors to warrant non adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Klonopin 2 mg quantity 90 is not medically necessary.

Lamictal 200mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepileptic medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 to 50% and objective functional improvement. The documentation indicated the objective functional benefit was the injured worker was better able to execute activities of daily living. The clinical documentation submitted for review failed document an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lamictal 200 mg quantity 30 is not medically necessary.

Prozac 40mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Mental Illness & Stress Procedure Summary, Fluoxetine (Prozac)

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 the treatment of neuropathic pain; and they are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain; objective functional improvement; and an assessment, which includes an assessment in the changes in the use of other analgesic medications, sleep quality, duration, and psychological assessments. The documentation indicated the objective functional benefit was the injured worker was better able to execute activities of daily living. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and documentation of objective improvement including an assessment in the changes in the use of other analgesic medications, sleep quality, duration, and psychological assessments. The request assessment submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prozac 40 mg quantity 30 is not medically necessary.

Psychotropic visits, 1 session per month for 6 months, quantity 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 (ODG), TWC, Mental Illness & Stress 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 Visits.

Decision rationale: The Official Disability Guidelines indicate the need for an office visit with a healthcare provider is individualized based upon review of the medications the injured worker is taking, the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The clinical documentation indicated the injured worker was utilizing the psychotropic medications and remained tearful. This would support the necessity for 1 visit. However, there was a lack of documentation indicating a necessity for 6 visits. Given the above, the request for psychotropic visits, 1 session per month for 6 months, quantity 6, is not medically necessary.