

Case Number:	CM15-0103568		
Date Assigned:	06/08/2015	Date of Injury:	01/03/2005
Decision Date:	09/08/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 43-year-old male who sustained an industrial injury on 01/03/2005, which occurred while carrying an 80 lb piece of wood. He was diagnosed with spinal stenosis and lumbar discitis, diabetes type II, major depression single episode severe, and chronic PTSD. Treatment to date has included epidural steroid injections, pain medications, psychiatric medications, and psychiatric care. He currently complains of radicular back pain with pain that radiates into the right buttock, right posterior thigh, and right posterior calf with difficulty walking. A recent lumbar epidural steroid injection provided 50% improvement in his lower back pain, with residual right lower extremity pain and restless leg symptoms. As of his last psychiatric follow up of 05/11/15, he continues to have flashbacks and nightmares that interfere with his ability to obtain restful sleep, and is currently suffering symptoms of major depression including persistently depressed mood, loss of interest and pleasure, anger and irritability, sleep and appetite disturbance, trouble concentrating, and feeling helpless and hopeless. His ADL's are difficult and performed slowly due to back pain. Current medications include Percocet, Abilify, lorazepam, Pristiq, Prazosin, Robaxin, Trazodone, cyclobenzaprine, and gabapentin. Objectively he appears downcast and dysphoric with linear goal directed thought processes, depressive ruminations, and occasional visual hallucinations while driving in which the road looks wavy and the illusion that someone is waving at him from the side of the road. He denies suicidal or homicidal ideation, has appropriate affect, attention/concentration and short-term memory impaired, and cognitive process appears slow. His QIDS (quick inventory of depressive symptomatology) score is 20, indicative of severe depression, and Sheehan Disability Scale

shows improvement. This progress note is reflective of the patient's status in prior monthly progress notes, almost verbatim. No records were provided which were more current for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 outpatient psychiatric visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding outpatient psychiatric visits. Official Disability guidelines Office visits.

Decision rationale: The patient requires careful monitoring of his medication regimen and outpatient psychiatric visits are medically necessary. However, the request for six is considered to be excessive. A set number cannot be established as patient conditions vary and the need is based individually. This request is therefore not medically necessary.

1 prescription of Pristiq 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Desvenlafaxine (Pristiq).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS does not reference Pristiq.

Decision rationale: The patient suffers from major depressive disorder (MDD) and chronic PTSD. Monthly progress notes continue to reflect ongoing symptoms with high QIDS, and improvement in Sheehan Disability Scale. They are essentially the same every month, e.g. QIDS=20, the same percentage improvement in the Sheehan, and the same symptom description. Antidepressants are recommended for treatment of MDD that are moderate to severe or psychotic in nature, with many starting with SSRI's because of the demonstrated effectiveness and more favorable side effect profile. Although Pristiq, an SSRI antidepressant, would be considered medically necessary, it is unclear whether or not it has been effective given that the patient's QIDS and Sheehan scores remain unchanged and continues to report the same symptoms consistently. This request is therefore not medically necessary.

1 prescription of Prazosin 1mg #120 with 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 (ODG), Mental Illness & Stress, PTSD Pharmacotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Prazosin. Official Disability Guidelines Mental Illness & Stress PTSD pharmacotherapy.

Decision rationale: The patient suffers from major depressive disorder and chronic PTSD. Monthly progress notes continue to reflect ongoing symptoms with high QIDS, and improvement in Sheehan Disability Scale. They are essentially the same every month, e.g. QIDS=20, the same percentage improvement in the Sheehan, and the same symptom description. Prazosin is used to augment the management of PTSD symptoms and would be considered medically necessary, however it is unclear whether or not this medication is beneficial as in each progress note the patient reports the same symptoms. No current records were provided for review. This request is therefore not medically necessary.

1 prescription of Abilify 10mg #30 with 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 (ODG), Mental Illness & Stress, Atypical Antipsychotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Abilify. Official Disability Guidelines Pain chapter, Atypical Antipsychotics.

Decision rationale: Abilify, an atypical antipsychotic, is often used as an augmentation to antidepressants. There is little evidence to recommend its use as an augmenting agent in PTSD. There few conditions in ODG for which atypical antipsychotics are recommended, and there is no documented efficacy in this patient. No current records were provided for review. This request is not medically necessary.

1 prescription of Lorazepam 1mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: It is unclear why this patient is prescribed lorazepam as other than anger and irritability, no anxiety symptoms were reported. No rationale was provided for its use. Benzodiazepines are not recommended for long term use. They are not recommended in anxiety disorders such as PTSD beyond the initial stage while an antidepressant is being titrated. They are not recommended for sleep disturbance as sedative-hypnotic tolerance develops rapidly, and the patient is concurrently on Trazodone. No current records were provided for review. This request is not medically necessary.

1 prescription of Trazodone 50mg #60 with 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 (ODG), Mental Illness & Stress, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Trazodone. Official Disability Guidelines Insomnia treatment.

Decision rationale: The patient's diagnoses include major depressive disorder and PTSD, with complaints of sleep disruption. Trazodone is a sedating antidepressant often used in depressed patients suffering from insomnia, and would be indicated had appropriate subjective/objective assessment and efficacy been clearly addressed. There is no documented efficacy and no current records provided for review. This request is not medically necessary.