

Case Number:	CM15-0106816		
Date Assigned:	06/11/2015	Date of Injury:	01/20/2003
Decision Date:	09/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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 51 year old male who sustained an industrial injury on 01/20/2003. The mechanism of injury and initial report are not found. He was diagnosed with cervical disc herniation at C6-7 level, headaches, anxiety and stress, right lateral medial epicondylitis-compensatory; right carpal tunnel syndrome, shoulder pain with possible impingement, bilateral upper extremity overuse tendinopathy, cervical disc herniation with intermittent radiculopathy C5-C6, major depressive disorder severe with psychotic symptoms, anxiety, psychological factors affecting medical condition, somatic symptom disorder with predominant pain, and obsessive compulsive behavior. Treatment to date has included left cubital tunnel release, left lateral epicondylar release, anterior cervical discectomy and fusion, C6-7 (09/10/2005) left shoulder arthroscopy, psychiatric care, and psychotherapy-having received at least 80 CBT sessions to date. CBT focuses on coping with anger. In a record review of 05/11/15, the patient consistently described a cyclical pattern of severity of psychological symptoms of around two months. The symptoms appear to be essentially the same since at least 04/24/14. He becomes confused, paranoid, and yells at his family. He hides knives to use in self defense. He endorses violent and angry thoughts, as well as hearing voices. He reported inability to sleep due to obsessing. Obsessive compulsive behavior includes buying things in groups of 27 and hand washing. He has been able to control his impulse to throw items when he gets mad, but has not been kicked out of any stores recently (which was happening in late 2014). He has been on the following medications for over a year: Seroquel 400mg 3QHS, Latuda 80mg 2QHS, Risperdal 2mg BID, Wellbutrin XL 300mg QD, Ativan 1mg QD, and Klonopin wafer 2mg QD. He found

the medications helpful. Other medications included omeprazole, Tramadol, Naproxen, and Neurontin. His OCD has remained untreated. The treatment plan included weekly cognitive behavioral psychotherapy, medication, telephone consults, and related psychiatric and social services. On 03/11/15, UR recommended weaning of the lorazepam. UR of 05/28/15 certified Wellbutrin XL 300mg and Latuda 80mg. It noncertified Seroquel, Risperdal, Ativan, and Klonopin, and medication management sessions (6 had been certified on 05/05/15).

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 & approval sessions: 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, Mental Illness & Stress: Office Visits (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychotropic medication management. Official Disability Guidelines Mental Illness & Stress Office Visits.

Decision rationale: Office visits are medically necessary in the evaluation and management of a patient to insure ongoing safe treatment. Frequency and number cannot be predetermined. This patient's medication regimen is complex and his psychotic symptoms remain despite his poly-pharmacy. Psychotropic medication management sessions are medically necessary however six sessions were certified on 05/05/15. It is unknown how many of those have been used to date, and the number outstanding. This request is not medically necessary.

90 Seroquel 400mg: 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: Quetiapine (Seroquel) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 42.

Decision rationale: The patient suffers from major depressive disorder severe with psychotic symptoms, which have not remitted despite having been treated continuously with three atypical antipsychotics concurrently, including the Seroquel (along with Risperdal and Latuda), for well over a year. The severity and continuance of these symptoms is concerning. Although guidelines state that continuing an established course of antipsychotics is important, there is little empirical data in scholarly literature to support the use of multiple anti-psychotics concomitantly. In cases such as this patient, there are other more effective means of treatment. His failure to achieve remission is not a rationale to maintain him on triple anti-psychotic therapy, all of which run the risk of side effects, albeit less than first generation antipsychotics. The fact that he hides knives, and has violent and angry thoughts is also concerning, and should be strongly considered in his treatment in terms of the safety of himself and others. This request is not medically necessary.

30 Ativan 1mg: Upheld

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

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

Decision rationale: The patient has been on Ativan, a benzodiazepine, for well over the guideline recommendation of 4 weeks. He is also on Klonopin, making double benzodiazepine treatment. In addition, the patient is on a triple anti-psychotic regimen for his psychotic symptoms. All of these medications are potentially sedating agents, placing him at high risk for falls and sedation. UR of 03/11/15 recommended weaning. This request is not medically necessary.

30 Klonopin Wafer 2mg: Upheld

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

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

Decision rationale: The patient has been on Klonopin, a benzodiazepine, for well over the guideline recommendation of 4 weeks. He is also on Ativan, making double benzodiazepine treatment. In addition, the patient is on a triple antipsychotic regimen for his psychotic symptoms. All of these medications are potentially sedating agents, placing him at high risk for falls and sedation. This request is not medically necessary.

60 Risperdal 2mg: 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: Risperidone (Risperdal) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 42.

Decision rationale: The patient suffers from major depressive disorder severe with psychotic symptoms, which have not remitted despite having been treated continuously with three atypical antipsychotics concurrently, including the Risperdal (along with Seroquel and Latuda), for well over a year. The severity and continuance of these symptoms is concerning. Although guidelines state that continuing an established course of antipsychotics is important, there is little empirical data in scholarly literature to support the use of multiple antipsychotics concomitantly. In cases such as this patient, there are other more effective means of treatment. His failure to achieve remission is not a rationale to maintain him on triple antipsychotic therapy, all of which run the risk of side effects, albeit less than first generation antipsychotics. The fact that he hides knives, and has violent and angry thoughts is also concerning, and should be strongly considered in his treatment in terms of the safety of himself and others. This request is not medically necessary.