

Case Number:	CM15-0018008		
Date Assigned:	03/18/2015	Date of Injury:	02/04/1994
Decision Date:	04/20/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona, Maryland
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 60 year old female, who sustained an industrial injury on February 4, 1994. She reported cognitive dysfunction, neurobehavioral issues and loss of smell and taste. The injured worker was diagnosed as having depressive disorder, post-traumatic stress disorder, pain, sexual dysfunction and rule out cognitive disorder. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, psychological evaluation, medications and work restrictions. Currently, the injured worker complains of continued cognitive dysfunction, neurobehavioral issues and loss of smell and taste. The injured worker reported an industrial injury in 1994, resulting in the above noted symptoms. It was reported she was violently attacked with loss of consciousness, hospitalization traumatic brain injury and loss of taste and smell. She has been treated with multiple conservative treatment modalities without resolution of the symptoms. Adjustments to medications and a psychological evaluation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Beck anxiety and depression inventory: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation, BDI - II (Beck depression inventory-2nd edition). Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy guidelines, Cognitive Behavioral therapy for depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress Topic: Psychological evaluations.

Decision rationale: ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker has been diagnosed with depressive disorder, post-traumatic stress disorder, pain, sexual dysfunction and rule out cognitive disorder. Per guidelines, Psychosocial evaluations should determine if further psychosocial interventions are indicated and diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. There is no clinical rationale for the need for 6 sessions of Beck Depression and Anxiety Inventories. The request for 6 Beck anxiety and depression inventory is not medically necessary.

Effexor 37.5mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (venlafaxine). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & Stress (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed with depressive disorder, post-traumatic stress disorder, pain, sexual dysfunction and rule out cognitive disorder and Effexor is indicated for treatment of Major Depressive disorder(MDD). Thus, the request for Effexor 37.5mg #90 with 2 refills is medically necessary for the continued treatment of MDD.

Buspar 10mg #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), Pain (Acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Per guidelines, Buspar is indicated only for short term treatment of anxiety symptoms. The request for another 3 month supply of Buspar 10mg #120 with 2 refills is excessive and not medically necessary.

Buspar 20mg #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), Pain (Acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. Per guidelines, Buspar is indicated only for short term treatment of anxiety symptoms. The request for Buspar 20mg #120 with 2 refills is excessive and not medically necessary.