

Case Number:	CM15-0136458		
Date Assigned:	07/27/2015	Date of Injury:	04/23/2004
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old female, who sustained an industrial injury on April 23, 2004. She reported immediate pain and numbness in her left hand fingertips extending up the entire left upper extremity into the neck. The injured worker was diagnosed as having major depressive disorder, single episode severe (has had suicide gesture with self-injurious behavior since initial diagnosis; adjustment disorder with anxiety; pain disorder associated with psychological factors and with general medical condition; and psychological factors affecting a general medical condition (stress related psychological response causing hypertension, accelerated heart rate, and headaches). Treatment to date has included psychiatric care, psychotherapy, medication management, temporary total disability, hospitalization for a suicide attempt in 2006, and medications including antidepressants and benzodiazepines. There were no noted previous injuries or dates of injury. Her psychological disability status was permanent and stationary. On June 8, 2015, the injured worker reported she was taken to the hospital for abdominal pain and vomiting blood. She reported she had gastritis that worsened her reflex sympathetic dystrophy pain in her left arm. She was diagnosed with diverticulitis and treated with antibiotics. This event frightened her. The mental status exam revealed appropriate behavior, good eye contact, normal psychomotor activity, normal speech, and a sad-depressed mood. Her mood was congruent with normal range and modulation. Her thought process was goal directed, organized, logical, and linear. Her thought content was normal and future oriented. There was intact insight, recent and remote memory, attention-concentration, and language. The treating physician noted the continued extreme increase in her pain with attempts to use her left arm, which causes a spike in

her anxiety. Past spikes in anxiety have led to a suicide attempt. Requested treatments include: bi-monthly medication management and psychotherapy, Alprazolam, Duloxetine, and partial hospital program at a behavioral health facility for stabilization due to increasing levels of hopelessness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown bi-monthly medication management and psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines.

MAXIMUS 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; Psychotherapy for MDD (major depressive disorder); Cognitive therapy for depression.

Decision rationale: According to the ACOEM (American College of Occupational and Environmental Medicine) guidelines, follow-up visits frequency in the acute phase of stress-related conditions should be determined by the severity of symptoms, whether the patient was referred for further testing and-or psychotherapy, and whether the patient is missing work. Follow-up visits can be performed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. The Official Disability Guidelines (ODG) recommends office visits as determined to be medically necessary. "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, reasonable physician judgment, and the type of medications the patient is taking. The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent with regards to psychotherapy. The Official Disability Guidelines (ODG) recommends cognitive behavioral psychotherapy for mild presentations of major depressive disorder. Per the ODG, Cognitive behavioral psychotherapy is a potential treatment for moderate presentations of major depressive disorder with or without the use of antidepressant medication and severe presentations of MDD (with or without psychosis) along with medications or electroconvulsive therapy. The ODG psychotherapy guidelines include an initial trial of 4 to 6 session with evidence of symptom improvement, up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made, and in cases of severe Major Depression or post-traumatic stress disorder (PTSD), up to 50 sessions if progress is being made. The medical records show that the injured worker is taking multiple medications that require close monitoring. The request is for an unstated quantity of bi-monthly medication management, and the medical records do not clearly establish the quantity. The unspecified request for bi-monthly medication management may potentially be excessive and in use for longer than recommended. Therefore, the request for bi-monthly medication management and psychotherapy is not medically necessary.

Unknown prescription of Alprazolam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. Chronic benzodiazepines are the treatment of choice in very few conditions. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. "A more appropriate treatment for anxiety disorder is an antidepressant". The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend limiting the use of anti-anxiety agents to short periods of time, i.e., periods when overwhelming anxiety limits the patient's ability to work or effectively perform the activities of daily living. The requested prescription is for an unstated quantity, and the medical records do not clearly establish the quantity. Requests for unspecified quantities of medications are not medically necessary, as the quantity may potentially be excessive and in use for longer than recommended. Therefore, the request for Alprazolam is not medically necessary.

1 prescription of Duloxetine 60mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Duloxetine (Cymbalta).

MAXIMUS 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 Chapter: Antidepressants for treatment of MDD (major depressive disorder); Duloxetine (Cymbalta).

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) guidelines note that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The Official Disability Guidelines (ODG) recommends antidepressants for the initial treatment of presentations of major depressive disorders that are moderate, severe, or psychotic unless electroconvulsive therapy is part of the treatment plan. The ODG recommends Duloxetine (Cymbalta), a serotonin-norepinephrine reuptake inhibitor (SNRI), major depressive disorder treatment and is effective in the treatment of first and subsequent episodes, regardless of duration of the current depressive episode. Duloxetine is appropriate for the injured worker's diagnosis of major depressive disorder. Therefore, the request for Duloxetine is medically necessary.

1 partial hospital program at [REDACTED] for stabilization due to increasing levels of hopelessness: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: Per the MTUS Psychological, treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Unfortunately the request is not clear as to if this is an inpatient or outpatient hospital program, the length of stay and the duration of the program is not discussed as well as the specific goals of treatment, without this information it is not possible to determine if the treatment is medically necessary, therefore the request for 1 partial hospital program at [REDACTED] for stabilization due to increasing levels of hopelessness is not medically necessary.