

Case Number:	CM15-0185472		
Date Assigned:	09/25/2015	Date of Injury:	04/20/2010
Decision Date:	12/01/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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 58 year old female, who sustained an industrial injury on 4-20-2010. The injured worker is undergoing treatment for: pain disorder associated with psychological factors and a general medical condition, post-traumatic stress disorder-chronic with delayed onset, status post closed head injury, depressive disorder, and anxiety disorder with post-traumatic features. On 2-18-15, she reported crying easily over small things and having sleep difficulty. It is reported that she feels Cymbalta is not helping. On 5-5-15, she received psychological evaluation which revealed she suffered from depression and anxiety with post-traumatic symptoms including "hypervigilance and exaggerated startle response". On 7-7-15, mental examination revealed as euthymic mood, friendly cooperative, and stoic. She reported "some days I'm depressed". She was noted to have no blocking, tangentiality, loosening of associations, easy distractibility, denied hallucinations, obsessions, with good attention and concentration. She reported trouble putting words together, short-term memory loss, and losing track of conversations. The treatment and diagnostic testing to date has included: QME (7-7-15), medications, right elbow repair (date unclear), bilateral carpal tunnel release (date unclear), previous psychotherapy visits (amount completed unclear). Medications have included: Cymbalta, Lyrica, and Tylenol with codeine, Vicodin, and Catpres. Current work status: has not worked since the date of injury. She is reported to be temporarily partially disabled psychiatrically. The request for authorization is for: psychiatric consultation once a month for eight months, psyche. The UR dated 9-4-2015: modified certification of psychiatric consultation once a month for three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation (once a month for eight months): Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter: Office visits.

Decision rationale: According to the ACOEM Practice Guidelines, specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The Official Disability Guidelines states that office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self- care as soon as clinically feasible. Upon review of the submitted documentation, it has been suggested that the injured worker is currently being prescribed Cymbalta, Lyrica, and Tylenol with codeine, Vicodin, and Catpres. The injured worker is not taking any psychotropic medications that would require such close monitoring needing Psychiatric consultation once a month for eight months and thus it is not medically necessary.

Individual cognitive behavioral psychotherapy (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and Stress Chapter: Cognitive therapy for PTSD; Cognitive therapy for depression.

Decision rationale: The Official Disability Psychotherapy Guidelines recommends an initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) Upon review of the submitted documentation, it is gathered that the injured worker has undergone at least 8 psychotherapy sessions. However, there is no clear documentation regarding any evidence of "objective functional improvement" with the same. The request for Individual cognitive behavioral psychotherapy times 8 sessions is not medically necessary at this time based on lack of information regarding response to the prior treatment.

Cymbalta 60mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness Chapter: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The injured worker is being treated for pain disorder, depressive disorder and Post Traumatic Stress Disorder. Cymbalta is a SNRI medication with indications for treatment of major depression and neuropathic pain. The request for Cymbalta 60mg, #30 is medically necessary for continued treatment.

Catapres 0.1mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov-Catapres®.

Decision rationale: According to the FDA.gov, Catapres (clonidine hydrochloride, USP) tablets are indicated in the treatment of hypertension. The use of Catapres in this case is off label and there is no evidence of objective functional improvement with this medication. Thus, the request for Catapres 0.1mg, #60 is excessive and not medically necessary.