

Case Number:	CM15-0189459		
Date Assigned:	10/01/2015	Date of Injury:	12/19/2013
Decision Date:	11/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/25/2015

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 26-year-old male with an industrial injury date of 12-19-2013. Medical records indicate he is being treated for post-traumatic stress disorder, panic disorder and depression. The treatment note (07-31-2015) documented: "Excellent improvement now with increase of Prazosin to 20 mg nightly although had a couple of nightmares in recent weeks." "With therapy, pushing through anxiety to drive and look for work." The treating physician documented the injured worker was benefitting enormously from regular psychotherapy, but needed more sessions to facilitate his return to work. His medications included Ibuprofen Venlafaxine ER 225 mg (at least since 05-29-2015) Prazosin 20 mg (at least since 05-29-2015) and Bupropion's XL 150 mg (at least since 05-29-2015.) Prior treatment included medications and psychotherapy. Mental status exam (07-31-2015) findings included the injured worker was cooperative and pleasant with the interview. Thought process was documented as linear, goal directed and coherent. On 08-20-2015, the request for the treatments listed below was non-certified by utilization review: Wellbutrin XL 300 mg #30 with 2 refills. Prazosin 5 mg #120 with 2 refills. Effexor 75 mg #90 with 2 refills. CBT (Cognitive Behavioral Therapy) weekly for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor 75mg #90 with 2 refills: 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) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The injured worker has been diagnosed with post-traumatic stress disorder, panic disorder and depression. He has been prescribed Effexor since May 2015 with some functional improvement, however the mood and affect remain dysphoric per the most recent progress report. It is clinically indicated for this medication to be continued, however the request for a three-month supply is excessive based on fact the injured still continues to be symptomatic. It is indicated for the results of the medication to be monitored at shorter intervals to assess response, tolerability and to determine if dose adjustment is needed. Thus, the request for Effexor 75mg #90 with 2 refills is not medically necessary.

Prazosin 5mg #120 with 2 refills: 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 FDA.gov; Prazosin/MINIPRESS.

Decision rationale: MINIPRESS/Prazosin is indicated in the treatment of hypertension. It can be used alone or in combination with other antihypertensive drugs such as diuretics or beta-adrenergic blocking agents. The use of Prazosin in this case seems to be off label for Post Traumatic Stress Disorder. FDA does not indicate use of Prazosin for the same. Also, the injured worker is being prescribed a high dose of this medication which increases risk for side effects. There is no documentation of reduction in nightmares with the current treatment. However, considering the off label use of high dose of this medication, the request for Prazosin 5mg #120 with 2 refills is not medically necessary.

Wellbutrin XL 300mg #30 with 2 refills: 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) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The injured worker has been diagnosed with post-traumatic stress disorder, panic disorder and depression. He has been prescribed Effexor since May 2015 with some functional improvement, however the mood and affect remain dysphoric per the most recent progress report. It is clinically indicated for this medication to be continued, however the request for a three-month supply is excessive based on fact the injured still continues to be symptomatic. It is indicated for the results of the medication to be monitored at shorter intervals to assess response, tolerability and to determine if dose adjustment is needed. Thus, the request for Wellbutrin XL 300mg #30 with 2 refills is not medically necessary.

CBT (Cognitive Behavioral Therapy) weekly for 12 weeks: 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/ Cognitive therapy for PTSD.

Decision rationale: ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. ODG Psychotherapy Guidelines: 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.). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker has undergone psychotherapy treatment. However, there is no clear documentation regarding the number of sessions completed so far or evidence of "objective functional improvement." The request for further psychotherapy treatment cannot be fulfilled in the absence of information regarding prior treatment.