

Case Number:	CM15-0025802		
Date Assigned:	02/18/2015	Date of Injury:	11/30/2004
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old male with an industrial injury date of 11/30/2004. The mechanism of injury is not documented. A progress note dated 05/30/2014 documents the injured worker presented with partial response to Duloxetine 30 mg but still with fears of height and falls. The injured worker was also still having some awakenings even with Zolpidem for sleep. The injured worker was alert and oriented, still depressed and slightly anxious mood. He denied suicidal ideation, delusions or hallucinations. He was coherent and cognitively intact. Prior treatment included medications and psychiatric sessions. Diagnosis was major depressive disorder, recurrent and pain disorder. On 01/16/2015 utilization review issued a decision modifying the following requests: Psychiatric sessions: 6 additional sessions, and retrospective date of service (05/30/2014, 06/27/2014, 08/15/2014, 10/10/2014, 12/05/2014) was modified to retrospective sessions approved. Only 1 additional session in 2 months is approved. ACOEM and ODG were cited, Duloxetine 60 mg # 60 times 12 months was modified to 2 months only. MTUS was cited. Zolpidem 10 mg # 30 times 9 months was modified to no refills. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Sessions: 6 Additional Sessions and Retro DOS (5/30/14, 6/27/14, 8/15/14, 10/10/14, 12/5/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102.

Decision rationale: The patient continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and previous psychological treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychiatric treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. The Psychiatric Sessions: 6 Additional Sessions and Retro DOS (5/30/14, 6/27/14, 8/15/14, 10/10/14, 12/5/14) is not medically necessary and appropriate.

Duloxetine 60 MG #60 x 12 Months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Duloxetine 60 MG #60 x 12 Months is not medically necessary and appropriate.

Zolpidem 10 MG #30 x 9 Months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Zolpidem (Ambien[®] 1/2), pages 877-878

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. The Zolpidem 10 MG #30 x 9 Months is not medically necessary and appropriate.