

Case Number:	CM15-0210054		
Date Assigned:	10/30/2015	Date of Injury:	06/30/2003
Decision Date:	12/14/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/26/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 06/30/2003. Treatment to date has included lumbar laminectomy, trigger point injections, rhizotomy, lumbar radiofrequency ablation on 04/24/2015, PT, acupuncture, and pain medication management with opioids and NSAIDS. She has a permanent indwelling spinal cord stimulator that has required repositioning. Diagnoses include major depression (MDD), anxiety disorder NOS and insomnia due to Axis I diagnoses. In a PR2 of 09/15/2015 she reported improved back pain since radiofrequency ablation, insomnia, impaired concentration and memory with crying spells, anxiety, and depression. She had 3 reported psychotherapy visits. She has continued low back pain and without Ambien she doesn't sleep. She is status post rectum surgery. UR of 09/28/2015 modified the request for unknown visits for supportive and cognitive behavior therapy-psychotherapy with medical evaluation and management to #1, Cymbalta 60mg #60 with 11 refills to certified +2 refills, Trazodone 150mg #90 with 11 refills to certified +2 refills, Wellbutrin 300mg #30 with 11 refills to certified +2 refills, Abilify 5mg #30 with 11 refills to certified +2 refills and Wellbutrin 150mg #30 with 11 refills to certified +2 refills, and noncertified Ambien 10mg #30 with 11 refills and Traxene 7.5mg #60 with 11 refills. On 11/17/15 a PR2 by [REDACTED] indicated that the patient's back pain had improved since her prior visit of 09/15/15. Other than that the patient's status was unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown visits for supportive and CBT psychotherapy with medical evaluation and management: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CPT Procedure Code Index 99212 (regarding evaluation and management (99212)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: CBT is recommended as evidence based literature has shown that individual psychotherapy is beneficial in helping patients develop coping skills to manage chronic pain, thus alleviating the symptoms of comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Office visits for medication management are individualized based on the patient's clinical status and what the patient is prescribed. This patient has received at least 3 psychotherapy sessions but objective functional improvement has not been noted. However she is on a complex combination of medications many of which are sedating (trazodone, tranxene, Ambien, pain medications). These require close monitoring for interactions and adverse events, along with necessity and efficacy. The request for medication evaluation and management is considered medically necessary, but no quantity was specified and certification cannot be granted for an unknown number of visits. This request is therefore not medically necessary.

Cymbalta 60mg #60 with 11 refills: Upheld

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 rationale: The patient suffers from major depressive disorder and anxiety NOS. Cymbalta is effective in the treatment of both of these diagnoses. The patient has been on Cymbalta since at least 2013. It is considered medically necessary, however since efficacy should be evaluated at regular office visits the request for 11 refills is not reasonable. This request is not medically necessary.

Abilify 5mg #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Aripiprazole (Abilify).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Abilify. Official Disability Guidelines Mental Illness & Stress Aripiprazole (Abilify).

Decision rationale: Abilify is an atypical antipsychotic medication not recommended as a first-line treatment, but used as an adjunct to an antidepressant in major depressive disorder. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics as monotherapy for conditions covered in ODG. According to a recent Cochrane systematic review, aripiprazole is an antipsychotic drug with a serious adverse effect profile and long-term effectiveness data are lacking. (Khanna, 2014) Aripiprazole is approved for schizophrenia and acute mania, and as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. (FDA, 2014) It should be assessed at regular follow up visits for efficacy and side effects. It is considered medically necessary; however the request for 11 refills is not reasonable. This request is therefore not medically necessary.

Ambien 10mg #30 with 11 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), Mental Illness & Stress, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Ambien. Official Disability Guidelines Mental Illness & Stress Zolpidem (Ambien).

Decision rationale: Ambien is recommended for short-term use of two-six weeks for treatment of insomnia. It may be habit forming, and impair memory and function, and women and the elderly appear to be most prone to adverse reactions. Doctors should look at alternative strategies for treating insomnia such as sleep hygiene and CBT. The patient has been on Ambien since at least 2013. She is on sedating agents (trazodone, pain medications, benzodiazepines) which may interact to cause cognitive impairment and risk for falls, which she has experienced in 10/2015, necessitating a trip to the ED. There is no evidence that other methods have been attempted. The patient is on trazodone, which is also used for insomnia. This request is not medically necessary.

Trazodone 150mg #90 with 11 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), Mental Illness & Stress, Trazodone (Desyrel).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Trazodone. Official Disability Guidelines Trazodone.

Decision rationale: Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. It should be assessed at regular follow up visits for efficacy and side effects. It is considered medically necessary; however the request for 11 refills is not reasonable. This request is therefore not medically necessary.

Wellbutrin 300mg #30 with 11 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), Mental Illness & Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Wellbutrin related to major depressive disorder. Official Disability Guidelines Mental Illness & Stress Bupropion (Wellbutrin).

Decision rationale: Wellbutrin is an antidepressant recommended as a first-line treatment option for major depressive disorder. It should be assessed at regular follow up visits for efficacy and side effects. It is considered medically necessary; however the request for 11 refills is not reasonable. This request is therefore not medically necessary.

Wellbutrin 150mg #30 with 11 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), Mental Illness & Stress, Bupropion (Wellbutrin).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not reference Wellbutrin related to major depressive disorder. Official Disability Guidelines Mental Illness & Stress Bupropion (Wellbutrin).

Decision rationale: Wellbutrin is an antidepressant recommended as a first-line treatment option for major depressive disorder. It should be assessed at regular follow up visits for efficacy and side effects. It is considered medically necessary; however the request for 11 refills is not reasonable. This request is therefore not medically necessary.

Traxene 7.5mg #60 with 11 refills: Upheld

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): Benzodiazepines.

Decision rationale: Tranxene is a benzodiazepine, which the patient has been on since 07/2013. Benzodiazepines are not first line agents in the treatment of anxiety, and are not recommended for long term use due to the potential for dependence, abuse, and tolerance. The patient is also on other sedating agents (trazodone, pain medications) which may interact to cause potential risk for cognitive impairment or falls, which she has experienced in 10/2015, necessitating a trip to the ED. There is no evidence of efficacy and no rationale for its continued use. Length of use has clearly exceeded guidelines, and it has been noncertified on prior UR. This request is not medically necessary.