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| Case Number: | CM15-0216038 | | |
| Date Assigned: | 11/05/2015 | Date of Injury: | 10/17/2011 |
| Decision Date: | 12/28/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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 31 year old male, who sustained an industrial-work injury on 10-17-11. He reported initial complaints of left ankle and burn pain. The injured worker was diagnosed as having depressive disorder, post traumatic stress disorder, chronic pain syndrome, ankle pain, and burns of multiple sites. Treatment to date has included medication, surgery (bilateral knees, skin grafts, left foot), diagnostics, pain psychology, and psychiatrist. Currently, the injured worker complains of severe pain left ankle tendon pain and pain that consisted of arthralgias, and joint pain favoring the left. He was seen by a psychiatrist. He was given Prazosin but was unable to take it. Medications include Ambien, Duragesic patch, Klonopin, Naproxen, Omeprazole, Oxycodone, Sertraline. Per the primary physician's progress report (PR-2) on 9-22-15, exam noted an antalgic gait with use of a cane and has severe pain in the left ankle tendon. Current plan of care includes medication and pain management follow up. The Request for Authorization requested service to include Follow-Up Visit with Psychiatrist x 3, Prazosin 1mg #30 with 4 Refills, and Psychologist x 10 Sessions. The Utilization Review on 10-13-15 modified the request for Follow-Up Visit with Psychiatrist x 8, Prazosin 1mg #30 with 2 Refills, and Psychologist x 4 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Visit with Psychiatrist x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Evaluation and Management (E&M).

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 & Stress / Office visits.

Decision rationale: ODG states "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." The injured worker has been diagnosed with depressive disorder, post traumatic stress disorder and chronic pain syndrome. Per the most recent progress report dated 9/22/2015, he was being prescribed Ambien, Klonopin, Sertraline and Prazosin. Medications such as Ambien and Klonopin are not indicated for long term use per guidelines. The request for Follow-Up Visit with Psychiatrist x 8 is not medically necessary. It is to be noted that the UR physician provided authorization of 3 visits.

Prazosin 1mg #30 with 4 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, Mental Illness & Stress Chapter, Prazosin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 injured worker has been diagnosed with depressive disorder, posttraumatic stress disorder and chronic pain syndrome. Per the most recent progress report dated 9/22/2015, he was being prescribed Ambien, Klonopin, Sertraline and Prazosin. It was noted that he has been unable to tolerate Prazosin. The request for Prazosin 1mg #30 with 4 Refills is not medically necessary. It is to be noted that the UR physician provided partial authorization of the medication.

Psychologist x 10 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness / Cognitive therapy for depression.

Decision rationale: ODG Psychotherapy Guidelines recommend: 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.) The injured worker has been diagnosed with depressive disorder, posttraumatic stress disorder and chronic pain syndrome. He has undergone treatment with pain psychology in the past. The request for Psychologist x 10 Sessions is excessive and not medically necessary. It is to be noted that the UR physician provided partial authorization of 4 sessions.