

Case Number:	CM15-0032475		
Date Assigned:	02/25/2015	Date of Injury:	02/25/2009
Decision Date:	04/15/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 male, who sustained an industrial injury on 2/25/09. He has reported right knee pain related to a fall. The diagnoses have included lumbar displacement, right knee derangement, depression and anxiety. Treatment to date has included acupuncture, physical therapy and oral medications. As of the PR2 dated 1/14/15, the injured worker reports pain in the right knee and insomnia. The treating physician requested Paxil 10mg #30 and a psychotherapy evaluation. On 1/22/15 Utilization Review non-certified a request for Paxil 10mg #30 and a psychotherapy evaluation, the utilization review physician cited the MTUS guidelines for antidepressants for chronic pain and the ODG guidelines. On 1/27/15, the injured worker submitted an application for IMR for review of Paxil 10mg #30 and a psychotherapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paxil 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 107, 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 13-16, 107.

Decision rationale: Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) The UR physician cited current use of amitryptilline as rationale for denial. However, the MTUS does not preclude the use of dual therapy for depression, nor is this inconsistent with standard of care if the amitryptilline does is low, as is often the case for pain and insomnia treatment. The request is medically necessary.

Psych Referral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. (individual sessions) CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). I respectfully disagree with the UR physician's assertion that the treatment of depression pharmacologically affects the medical necessity of this request.