

Case Number:	CM15-0035886		
Date Assigned:	03/04/2015	Date of Injury:	05/27/2004
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 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 56 year old female, who sustained an industrial injury on 5/27/2004. The current diagnoses are major depressive disorder, psychological factors affecting medical condition, insomnia, and hypoactive sexual desire disorder due to pain. According to the progress report dated 11/6/2014, the injured worker complains of depression and tearfulness. Current medications are Cymbalta, Buspar, and Ativan. No objective finding was documented in the progress note provided. The treating physician is requesting Ativan 0.5mg #60 and 6 monthly psychotropic medication management and treatment sessions, which is now under review. On 2/14/2015, Utilization Review had non-certified a request for Ativan 0.5mg #60 and 6 monthly psychotropic medication management and treatment sessions. The 6 monthly psychotropic medication management and treatment sessions was modified to 3 sessions. The California MTUS Chronic Pain, ACOEM, and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 and 402, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with complaints of depression and tearfulness. The current request is for Ativan .5mg #60. The treating physicians report dated 11/6/14 (1007B) states, "The functional benefit with medication management and medication(s) is the patient has been better able to execute functions of daily living. In addition, there is medical necessity for the ongoing use of the medication(s)." MTUS guidelines state the following regarding Benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The medical reports provided, show the patient has been taking Ativan since at least 2012. In this case, the use of the medication is outside the 4 weeks recommended by the MTUS guidelines. Recommendation is for denial.

6 Psychotropic Medication Management and Treatment Sessions: Overturned

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Cognitive therapy for depression.

Decision rationale: The patient presents with complaints of depression and tearfulness. The current request is for 6 Psychotropic Medication Management and Treatment Sessions. The treating physicians report dated 11/6/14 (1007B) states, "Based on current assessment of symptoms and first hand evaluations of this patient, medication, telephone consults, as well as related psychiatric and social services will be necessary to treat the above conditions and symptoms. We anticipate no more than monthly medication visits once the medication regimen is optimized." MTUS page 101 Psychological treatment states, "Recommended for appropriately identified patients during treatment for chronic pain." Psychological treatments for depression is also recommended and ODG guidelines support up to 13-20 sessions and up to 50 sessions in case of severe depression if progress is being made. In this case, the patient has been diagnosed with major depressive disorder (severe) and insomnia. The report 11/6/14 states, "The benefit of month to month psychotropic medication management allows for the doctor and patient to address any changes and monitor the effectiveness of the medications." The patient is suffering from severe depression and requires ongoing psychotropic medication management and treatment sessions in order to properly treat her symptoms. The current request for 6 psychotropic medication management and treatment sessions is well within 13-20 recommended by the ODG for patients with depression. Recommendation is for authorization.

