

Case Number:	CM15-0052548		
Date Assigned:	04/15/2015	Date of Injury:	01/15/2012
Decision Date:	06/02/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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 48 year old, female who sustained a work related injury on 1/15/12. The mechanism of injury occurred when she was assaulted by a shoplifter. The diagnoses have included major depression and anxiety. The injured worker's diagnostic testing was not provided in the medical records. The injured worker's surgical history was not provided in the medical records. Treatment has included medications. The injured worker's current medications included Zanaflex 4 mg tablet 1 tab 3 times a day, Roxicodone 15 mg tablet 1 tab 5 times daily, Gralise 300 mg tablet 1 tab at dinner with 600 mg 3 tablet with a total of 2100 mg, and Gralise 600 mg tablet 3 tabs at dinner with 300 mg 1 tablet a total of 2100 mg. In the PR-2 dated 1/28/15, the injured worker complains of worsened mood and functioning since Abilify was abruptly discontinued. She complains of continued difficulties with pain and referred to a pain specialist. A Request for Authorization was submitted on 01/29/2015 for psych visits and medication evaluation. A Request for Authorization was submitted on 04/16/2015 for Gralise. The requested treatments are to continue medications and continue therapy with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy (sessions) qty: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions/ psychological treatment Page(s): 23, 101-102.

Decision rationale: According to the CA MTUS guidelines, 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. The ODG cognitive behavioral therapy guidelines further state if lack of progress from physical medicine alone is documented, psychotherapy CBT would be considered. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvement, a total of up to 6 to 10 visits would be recommended. The documentation submitted for review showed the injured worker had completed an unknown number of psychotherapy visits. Due to the lack of documented objective functional improvement made within those psychotherapy sessions, the request for additional psychotherapy is not supported. Given the above, the request for individual psychotherapy sessions quantity 4 is not medically necessary.

Psychiatric medication (visits) qty: 3.00: 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), Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The California MTUS/ACOEM Guidelines state, frequency of follow-up visits may be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy and whether the injured worker is missing work. These visits allow the physician and injured worker to reassess all aspect of the stress model and to reinforce the injured worker supports and positive coping mechanisms. Generally, injured workers with stress related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. While an office visit may be necessary for re-evaluation of medication use, the psychiatric medications being requested were not supported. Therefore, the need for a psychiatric medication office visit is also not supported. Additionally, a clear rationale was not provided for the need of the requested 3 office visits. Given the above, the request for psychiatric medication (visits) quantity 3, is not medically necessary.

Abilify 5mg qty: 30.00: 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), Atypical antipsychotics.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not address the requested medication. The Official Disability Guidelines further state, Abilify is not recommended as a first line treatment. Abilify is an antipsychotic medication. Antipsychotics are the first line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. The documentation submitted for review failed to provide objective functional improvement with the use of the requested medication. Therefore, the continued use is not supported. Given the above, the request for Abilify 5 mg quantity 30 is not medically necessary.

Buspar 5mg qty: 300.00: 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), Antianxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the requested medication. The Official Disability Guidelines further state, buspirone is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The documentation submitted for review failed to provide an objective increase in function with the use of the requested medication. Additionally, the request as submitted includes a quantity of 300, which appears to be excessive. Therefore, the continued use is not supported. Given the above, the request for Buspar 5 mg quantity 300 is not medically necessary.

Trazadone 40mg qty: 60.00: 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), Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14.

Decision rationale: The California MTUS Guidelines state, antidepressants for chronic pain are recommended as a first line option for neuropathic pain and as a possibility for nonneuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain

outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation submitted for review failed to provide an objective functional improvement with the use of the requested medication. There was no documentation of changes in use of other analgesic medication, sleep quality and duration, or a psychological assessment. Therefore, the continued use is not supported. Given the above, the request for trazodone 40 mg quantity 60 is not medically necessary.

Lidocaine 5% topical qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The documentation submitted for review failed to provide a rationale for the need of a topical analgesic. There was no indication the injured worker was unable to utilize an oral formulation of pain medication. There was also no documentation indicating the requested topical analgesic provided objective increase in function. Therefore, the continued use is not supported. Given the above, the request for lidocaine 5% topical quantity 180 is not medically necessary.

Atenolol 50mg qty:400.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment.

Decision rationale: The Official Disability Guidelines state, therapeutic recommendations for hypertension should include lifestyle modification to include DASH diet (Dietary Approaches to Stop Hypertension), specifically reduced salt intake, physical activity, and, as needed, consultation with a registered dietician. Pharmacologic therapy is used to achieve targets unresponsive to therapeutic lifestyle changes alone. Initially, antihypertensive agents are selected based on their ability to reduce blood pressure and to prevent or slow the progression of nephropathy and retinopathy; angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers are considered the preferred choice in patients with DM. The documentation submitted for review failed to provide a rationale for the need of the requested medication.

There was no indication the injured worker had high blood pressure on the physical examination to support the need of the requested medication. Therefore, the continued use is not supported. Additionally, the request as submitted includes a quantity of 400, which appears to be excessive. Given the above, the request for atenolol 50 mg quantity 400 is not medically necessary.

Wellbutrin XL 150mg (unspecified qty): 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 and Stress, Antidepressants for treatment of MDD (major depressive disorder).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27.

Decision rationale: The California MTUS Guidelines state that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. The documentation submitted for review indicated the injured worker was diagnosed with major depressive disorder. Although an initial trial is considered, the request as submitted failed to specify the quantity in which this medication would be given. Therefore, the request is not supported. Given the above, the request for Wellbutrin XL 150 mg (unspecified quantity) is not medically necessary.

Estroven (unspecified dose and qty): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Label and Package Insert Information: Estroven.

Decision rationale: The California MTUS/ACOEM Guidelines do not address the requested service. The Official Disability Guidelines do not address the requested medication. According to the package insert, Estroven is a dietary supplement with natural estrogens, calcium, B6, and E. Estroven is a natural, nutritional supplement, not a drug. The natural estrogens and balancing nutrients provide valuable benefits for women before, during, and after menopause. The documentation submitted for review failed to provide clear rationale for the need of the requested medication. There was no subjective/objective documentation to support the continued use. Additionally, the request as submitted failed to specify the dose and frequency in which this medication is to be taken. Therefore, the request is not supported. Given the above, the request for Estroven (unspecified dose and quantity) is not medically necessary.