

Case Number:	CM14-0129218		
Date Assigned:	08/18/2014	Date of Injury:	08/23/2004
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Psychiatry & Neurology, Addiction Medicine has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 219 pages of medical and administrative records. The injured worker is a 60 year old male whose date of injury is 08/23/2004. His primary psychiatric diagnosis is major depressive disorder single episode severe. He also suffers from cervical pain with radiculitis, left shoulder/elbow/wrist pain, and thoracolumbar pain with sciatica. This request is for 12 psychotherapy sessions, Seroquel 200mg #30, and Paxil 20mg #30. He has hypertension, ventricular hypertrophy, and acid peptic disease. In an AME of 05/10/11 the patient objectively showed helplessness, hopelessness, impaired concentration, and psychomotor retardation. HamD=26 (moderate to severe depression), HamA=23 (moderate anxiety). He had passive suicidal ideation, without plan or intent. He attested to hearing voices telling him "I'm looking for you" and voices calling his name. He was diagnosed with major depressive disorder with psychotic features and sleep disorder. Medications included Seroquel 200mg, paroxetine 20mg, and Trazodone 50mg. In an AME of 02/11/13 he reported feeling sad, depressed, and worried. He said he sleeps well at night, but has nightmares 3-4 times per week. He has one 30 minute session once per week with [REDACTED], it was unclear what type of therapy that was. The patient indicated that he was learning how to relax and breathe so that he does not act on his urges. Objective findings were helplessness, hopelessness, psychomotor retardation, no agitation, flat affect, and he appeared tense, withdrawn, and depressed. He denied auditory hallucinations but felt suspicious around others, and had occasional thoughts of wanting to hurt "bad people", but no suicidal ideation. HamD remained 26, HamA had increased to 25. He was reported as much the same as in the AME of 05/2011. A PR2 of 04/30/14 by [REDACTED] reports that the patient continues to struggle with psychological symptoms daily, is able to identify symptoms and apply techniques and exercises to help with ongoing pain and emotional turmoil, and anger

management skills continue to be revised as he has most difficulty controlling his anger. In a PR2 of 06/19/14 by [REDACTED] he reported increased right shoulder pain which increased his limitations. He was feeling tired and irritable during the day, and anxious with resultant blood pressure fluctuations. Objectively his mood was slightly brighter, normal eye contact was maintained, and he was able to discuss his current symptoms in a more constructive manner. He was assisted with breathing and relaxation exercises focused on anxiety reduction. Medications included Seroquel 200mg, Paxil 20mg, and Trazodone 50mg. (prescribed by [REDACTED] psychiatrist), and Verapamil, omeprazole, and losartan potassium. He continued to have stomach and blood pressure problems. He required transportation to and from all medical appointments, and 8 hours of home care/7 days per week by a skilled LVN.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Psychotherapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: MTUS recommends psychological treatment for patients with chronic pain. ODG recommends cognitive behavioral therapy for depression, and the "gold standard" is that in combination with an antidepressant, which will be discussed separately below. Guidelines are for 13-20 individual visits over 13-20 weeks with evidence of objective functional improvement. The patient has been receiving psychotherapy since at least 02/2013 with an additional 12 sessions approved in 04/2013, thus he would have met or exceeded ODG recommendations. In comparing the patient's objective findings from the AME of 05/10/2011 up to and including the PR2 of 06/19/14, there has been no significant objective functional improvement. This request is therefore noncertified.

Seroquel 200mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress; Antidepressants

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, Atypical antipsychotics

Decision rationale: The patient has been on Seroquel 200mg, which is an atypical antipsychotic, since at least 05/10/2011. It is unclear what the indication was for this medication, whether it was as an atypical antipsychotic to treat what was at that time the psychotic aspect of his major

depressive disorder, an augmentation to his antidepressant, or off label use for his sleep disorder. There is no initial medication consultation showing what the rationale was behind its initiation, there is no ongoing rationale for its continued use, and there is no objective functional improvement. ODG recommendations lack evidence for the use of atypical antipsychotics to augment antidepressants, or in off label use in sleep disorders. A UR of 06/03/14 provided a modified approval for Seroquel 200mg #14 to allow for a two week taper, yet it appears from records provided that it was still prescribed. Given all of the above factors this request is noncertified.

Paxil 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): page(s) 107 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, MDD treatment, severe presentations

Decision rationale: MTUS recommends treatment of secondary depression in chronic pain with SSRI's. ODG recommends that severe major depression be treated with antidepressants, per the [REDACTED], in combination with psychotherapy. The patient has been on Paxil 20mg (a SSRI) since at least 05/2011. There is no initial medication consultation showing what the rationale was behind its initiation, and no rationale for its continuing use despite the fact that the patient showed no objective functional improvement. At some point it would have been prudent, as well as conforming to community standards, to reassess the efficacy of this medication when it became clear that the patient was not improving, and consider adjustment of the dose or changing to another medication, etc. Per [REDACTED] recommendations in ODG, consideration might also have been given to a course of ECT (electroconvulsive therapy), if deemed appropriate after consultation, when he was having psychotic symptoms. In a UR of 07/29/14 a modified approval for Paxil 20mg #20 was given to wean him off, but it has apparently continued to be prescribed. He has had an adequate trial of this medication at this dose to determine whether or not it will be effective. As such this request is noncertified.