

Case Number:	CM14-0140505		
Date Assigned:	09/10/2014	Date of Injury:	05/30/2007
Decision Date:	10/10/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 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:

The injured worker is a 52 year old female with date of injury 5/30/2007. Date of the UR decision was 8/8/2014. Report dated 9/17/2013 suggested that the injured worker presented with neck pain, low back, bilateral buttock and bilateral leg pain, right worse than left secondary to cumulative trauma of performing work duties as a Correctional Officer for over 15 years. Per that report she was being prescribed Fentanyl patch, Wellbutrin, Pristiq, Norco, Lunesta and Xanax. Report dated 11/6/2013 indicated that she ran out of Duragesic 50 mcg/hour a week back. She reported having severely increased pain since stopping the patch, however, she noted that even the pain relief at 50 mcg/hour was not adequate and she wanted to try a higher dose this time. She complained of continued neck pain with radiation down bilateral arms to the fingers with numbness and tingling, also continued to experience constant pain across her low back that is described as tender in nature with tingling down the lateral and posterior aspect of both legs to the toes, had numbness in both feet and increasing weakness in the left leg and complained of severe pain in the left groin and sometimes loses her balance. Duragesic was restarted at 25 mcg and the dose was to be eventually increased to 75 mcg/hr dose. Report dated 5/20/2014 listed diagnoses of major depressive disorder, single episode, moderate; panic disorder, without agoraphobia and pain disorder associated with both psychological factors and a general medical condition. It was suggested that she was experiencing some cognitive difficulties possibly related to the medications. The psychotropic medications being prescribed for the injured worker were Pristiq 150mg in the morning, Bupropion 100mg three times a day, Alprazolam 1mg as needed, Silenor 6mg at bedtime and she was switched back to branded Lunesta 3mg qhs. It has also been indicated that she has been undergoing Psychotherapy treatment with a Psychologist, however there is no clear indication of how many sessions she has completed so far, or any evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic patch 50mcg QTY: 15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: Duragesic (fentanyl transdermal system) is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutical (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. The request for Duragesic patch 50mcg QTY: 15 is not medically necessary as the injured worker has been receiving opioid pain medications which have been somewhat helpful in controlling the pain.

Psychiatrist follow-up QTY: 1.00: Overturned

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

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, Office visits, Stress related conditions

Decision rationale: Psychiatric Progress Report dated 5/20/2014 listed diagnoses of major depressive disorder, single episode, moderate; panic disorder, without agoraphobia and pain disorder associated with both psychological factors and a general medical condition. It was suggested that she was experiencing some cognitive difficulties possibly related to the medications. The psychotropic medications being prescribed for the injured worker were Pristiq 150mg in the morning, Bupropion 100mg three times a day, Alprazolam 1mg as needed, Silenor 6mg at bedtime and she was switched back to branded Lunesta 3mg qhs. The request for one more visit with Psychiatrist is medically indicated. Thus, the request for Psychiatrist follow up QTY: 1.00 is medically necessary.

Psychologist follow-up QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, Cognitive therapy for depression

Decision rationale: The submitted documentation suggests that the injured worker has been undergoing Psychotherapy treatment with a Psychologist, however there is no clear indication of how many sessions she has completed so far, or any evidence of functional improvement. The request for further treatment with a Psychologist based on lack of information of prior treatment and response to it is not medically indicated. Thus, the request for Psychologist follow-up QTY: 1.00 is not medically necessary.