

Case Number:	CM15-0011103		
Date Assigned:	01/29/2015	Date of Injury:	07/25/2005
Decision Date:	03/24/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 male who has reported a variety of orthopedic, dental, and psychological conditions after an assault on July 25, 2005. Reported injuries include the head, neck, left shoulder, finger, lower back, lip, tooth and mental illness. Psychological diagnoses include a psychotic disorder, depression, and post traumatic stress disorder (PTSD). He has received long-term psychiatric care and psychotherapy. This treatment has included chronic prescribing of Seroquel, fluoxetine, benztropine, zolpidem, Klonopin, and mirtazapine (per treatment authorizations dating back to at least 2013). Per a psychiatric agreed medical examination (AME) on 9/11/13, the injured worker lives in an assisted living facility. The current medications include those listed above plus tramadol, and gabapentin. The diagnoses included PTSD and an unspecified psychotic disorder [including hallucinations]. Further psychiatric care and psychotherapy were recommended, with no specific content beyond psychotropic medications. There are brief reports during 2013 and 2014 from the treating psychiatrist and psychotherapist. These reports list the ongoing medications and minimal other information. A new psychologist saw the injured worker on 6/17/14. He diagnosed schizophrenia and PTSD. On 12/2/14 the injured worker was seen for an initial consultation by a psychologist. There were many severe psychiatric symptoms. The diagnoses were schizophrenia and PTSD. The psychotherapy treatments now under Independent Medical Review were prescribed. Unspecified medications were stated to be necessary, although the evaluation did not address the medical necessity of any medications. The associated Request for Authorization listed the medications now under review. There is a prescription of 12/2/14 for the listed medications, from

an MD in the same office. Later reports from this office do not provide an adequate assessment of the medical necessity for the requested medications. On December 23, 2014 Utilization Review certified cognitive behavioral therapy x 6, partially certified biofeedback for 4 sessions, certified fluoxetine, non-certified Seroquel and Risperdal, and partially certified a prescription for Zolpidem and medication management sessions. The MTUS and the Official Disability Guidelines were cited. The Utilization Review physician addressed medical necessity in the context of PTSD rather than schizophrenia or a similar psychotic disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Biofeedback Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, treatment of PTSD.

Decision rationale: The MTUS provides specific recommendations for a trial of biofeedback as a component of a CBT program. The recommended quantity of visits for a biofeedback trial is 3-4 visits. The Official Disability Guidelines have no recommendation for biofeedback to treat psychotic disorders or PTSD. The 6 visits of biofeedback are not medically necessary as they exceed the 4-visit trial in the MTUS and because the guidelines do not provide much support for this modality to treat the current diagnoses.

1 Prescription For Seroquel 200mg #60 With 2 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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 and Stress chapter, Seroquel.

Decision rationale: The MTUS does not cover treatment of psychotic conditions. The ODG addresses PTSD, for which atypical antipsychotics are not first line treatment, as was noted in the UR. However, Seroquel may be used for schizophrenia and psychotic disorders, as exist in this case. The current treating physician has not provided a recent discussion for continuing Seroquel but the records are clear that Seroquel has been prescribed chronically and that the injured worker has been stable, though symptomatic, while on Seroquel. Seroquel is medically necessary and should be continued to maintain stability and avoid worsening of the psychosis. The Utilization Review is overturned, as the Utilization Review physician did not address the medication history or the diagnosis of a psychotic condition apart from PTSD.

1 Prescription For Risperdal 0.5mg #30 with 2 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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 and Stress chapter, atypical antipsychotics.

Decision rationale: The MTUS does not cover treatment of psychotic conditions. The ODG addresses PTSD, for which atypical antipsychotics are not first line treatment, as was noted in the Utilization Review. However, Risperdal may be used for schizophrenia and psychotic disorders, as exist in this case. The current treating physician has not provided an adequate basis for continuing Risperdal but the records are clear that Risperdal has been prescribed chronically and that the injured worker has been stable, though symptomatic, while on Risperdal. Risperdal is medically necessary and should be continued to maintain stability and avoid worsening of the psychosis. The Utilization Review is overturned, as the Utilization Review physician did not address the medication history or the diagnosis of a psychotic condition apart from PTSD.

1 Prescription For Zolpidem CR 12.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, insomnia treatment. Mental Illness and Stress chapter, insomnia treatment.

Decision rationale: The MTUS does not provide direction for the use of hypnotics other than benzodiazepines. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. This injured worker has been prescribed this hypnotic for years. There is no documentation of an adequate evaluation of the sleep disorder. The current treating physician resumed this medication with no specific rationale or investigation of its medical necessity. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

2 Medication Management Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405.

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 and Stress chapter, office visits.

Decision rationale: It is clear from the records that this injured worker has longstanding psychiatric disease and requires long term care, including medications that require monitoring. The MTUS does not frequency of office visits and the Official Disability Guidelines recommend office visits as needed. Clearly there is a need for at least two office visits over time, and likely more than this based on the PTSD and psychosis. The Utilization Review is overturned as the Utilization Review did not adequately consider the severity and chronicity of the underlying disease. The request for 2 Medication Management Sessions is medically necessary.