

Case Number:	CM15-0111483		
Date Assigned:	06/22/2015	Date of Injury:	01/01/2002
Decision Date:	10/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 59 year old female who sustained an industrial injury on 01/01/02 involving a needle stick to her back, resulting in low back pain. She also suffers from hypertension, chronic pain syndrome, irritable bowel syndrome, GERD, and fecal and urinary incontinence. She was diagnosed with major depressive disorder and generalized anxiety disorder. In a pain management office visit of 04/17/15 the patient was status post ventral hernia repair. She was walker dependent. She complained of bilateral upper extremity pain due to pushing down on the walker. Medications included Nexium on 05/01/15 in an office visit with [REDACTED] presented in a distressed state due to pain. She complained of anxiety and depression due to upcoming procedure of having a pacemaker inserted to improve bladder function. She had difficulties with thinking, memory retention, and recall. Previous treatments include medication management. She showed facial grimacing, and difficulty with memory retention and recall. The plan of care was cognitive behavioral therapy and medication prescriptions. UR of 05/18/15 indicated that as of 11/22/11 the patient had received 107 psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT psychotherapy sessions in [REDACTED] 2 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Steps include identification of concerns, interventions emphasizing self management, and continued assessment of goals with potential further treatment options should they be required. It is also recommended for treatment of major depressive disorder, with the gold standard being psychotherapy with medications. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions of progress is being made. Given that this patient has received at least 107 visits, guidelines have been far exceeded. There has also been no evidence of objective functional improvement. This request is not medically necessary.

Group therapy sessions in [REDACTED] 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. One aspect of this is to identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, which may include group therapy. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. In cases of severe Major Depression or PTSD, up to 50 sessions of progress is being made. The patient had received at least 107 of psychotherapy to date without evidence of objective functional improvement. This request is not medically necessary.

Psychopharmacology management 1 x per month for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychopharmacology management, Official Disability Guidelines, Mental Illness & Stress, Office Visits.

Decision rationale: Office visits for medication management are medically necessary to insure ongoing safe treatment for the patient, taking into consideration clinical stability, other medications prescribed, other conditions, however, no rationale was provided to support medical necessity for psychopharmacology management for this patient, especially in light of the fact that all of the medications in this request are noncertified. This request is not medically necessary.

Homecare by a skilled LVN, 24/7 x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: [REDACTED] notes indicate that the patient has difficulty with ADL's and ambulation. She uses a walker. There is no evidence to support the request for 24/7 homecare by a skilled LVN. This request is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Neurontin (gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A pain management note of 04/17/15 shows that the patient was off of gabapentin. No further information was provided to indicate that this medication was re-prescribed. This request is not medically necessary.

Klonopin 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Klonopin is a benzodiazepine which is not recommended for long-term use beyond 4 weeks because long-term efficacy is unproven and there is a risk of dependence. A more effective treatment for anxiety disorders is an antidepressant. There was no documentation in records provided to show the rationale for use of this medication or its efficacy. This request is not medically necessary.

Xanax 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax is a benzodiazepine which is not recommended for long-term use beyond 4 weeks because long-term efficacy is unproven and there is a risk of dependence. A more effective treatment for anxiety disorders is an antidepressant. There was no documentation in records provided to show the rationale for use of this medication or its efficacy. This request is not medically necessary.

Celexa 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Celexa, Official Disability Guidelines, Pain Chapter, SSRI's (selective serotonin reuptake inhibitors).

Decision rationale: Celexa (citalopram) is an SSRI antidepressant indicated for treatment of major depressive disorder. Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. No rationale was provided for use of this agent, and no efficacy was described. This request is not medically necessary.