MAXIMUS Federal Services

Case Number:	CM15-0112088		
Date Assigned:	06/29/2015	Date of Injury:	01/13/2006
Decision Date:	07/30/2015	UR Denial Date:	05/27/2015
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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

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

This is a 52 year old female with a January 13, 2006 date of injury. A progress note dated April 1, 2015 documents subjective complaints (depression and tearfulness have diminished; sleeps poorly), and current diagnoses (major depressive disorder, single episode, severe; somatic symptoms with predominant pain, moderate; bipolar disorder not otherwise specified, by history; sleep disorder due to general medical condition). Objective findings were not documented for this date of service. Treatments to date have included medications and psychotherapy. The medical record indicates that medications offer increased functionality. The treating physician documented a plan of care that included monthly psychotropic medication management and approval, Ativan, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval; one session per month for six months plus medication approval: 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),

Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for 6 Office Visits one per month plus medication approval, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits for a year cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested number of consecutive office visits 1x/month are not medically necessary. Additionally, each medication must be evaluated individually to see that there is efficacy rather than a blanket approval for all medications.

Ativan 1mg, one every morning, then at 1pm and 6pm, #90: 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), TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Ativan (lorazepam) is a benzodiazepine. Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/ hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) Within the submitted documentation, the request for benzodiazepines is made for 3 times daily. However, there is a lack of documentation of efficacy of this, and no clear functional

improvement from this. This functional improvement could include a reduction in work restrictions, but the patient is noted to be not working a in a recent note from June 2015. Furthermore, there appears to be long-term use of this medication, since at least December 2014. This request is not medically necessary. Weaning per the requesting provider's protocol is suggested.

Wellbutrin XL 300mg; one every morning, #30: 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), TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): s 395-396, Chronic Pain Treatment Guidelines Antidepressants Page(s): s 13- 16.

Decision rationale: With regard to this antidepressant, the CPMTG do not provide much guideline with the use of antidepressants primarily for mood disorders. Rather the CPMTG primarily comments on the use of this agent for pain reduction purposes. Further guidelines are found in the ACOEM Stress Related Conditions Chapter, pages 395-396, 402, which state: "The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile." In the case of this worker, the submitted documentation indicates that the Wellbutrin is being utilized to address depression. However, the actual response to this medication and psychological improvement attributable to this medication are not clear in the submitted records. Therefore, this request is not medically necessary.