

Case Number:	CM15-0116883		
Date Assigned:	06/24/2015	Date of Injury:	07/16/1991
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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, Arizona,
Maryland Certification(s)/Specialty: 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 66-year-old female patient who sustained an industrial injury on 07/16/1991. A recent follow up visit dated 02/26/2015 reported the patient with subjective complaint of having depression. She states being very limited in what she is able to do physically and she cannot work above her shoulders. Sleep is even interrupted by the pain. In addition she states having difficulty getting medications. Current medications are Abilify, Alprazolam, Cymbalta, Ditropan, Temazepam, Trazadone, and Ultracet. A follow up visit dated 12/17/2014 reported the patient post-laminectomy syndrome, cervical and degenerative disc disease cervical. Current medications are Cymbalta, Xanax, Abilify and Trazadone. The patient is found to be permanent and stationary from a pain management standpoint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve medication management sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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 health care system through self care as soon as clinically feasible". The injured worker suffers from depression, anxiety and insomnia secondary to industrial injury and is being prescribed psychotropic medications including Cymbalta, Xanax, Abilify and Trazadone. Medications such as Xanax are not indicated for long-term use. Abilify is an atypical antipsychotic and is not recommended for conditions covered by ODG as it has higher risk benefit ratio in cases of psychological consequences covered by the guidelines. The other medications such as Cymbalta and Trazadone are not indicated for long-term use. The request for 12 additional office visits is excessive and not medically necessary. The request for twelve medication management sessions is excessive and not medically necessary.

Alprazolam 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states, "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam on an ongoing basis with no plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request also does not indicate the quantity being requested and thus the request for Alprazolam 0.5mg unspecified quantity is not medically necessary.