

Case Number:	CM15-0120578		
Date Assigned:	07/01/2015	Date of Injury:	12/05/2011
Decision Date:	08/07/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/22/2015

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 36 year old male, who sustained an industrial injury on 12/5/2011. The mechanism of injury is documented as falling while playing ultimate frisbee. The injured worker was diagnosed as having depression, pain disorder, lumbar radiculopathy, lumbar myofascial strain, lumbar facet arthropathy and chronic pain status post lumbar microdiscectomy. There is no record of a recent diagnostic study. Treatment to date has included 24 sessions of acupuncture, 6 sessions of chiropractic care, epidural steroid injection, lumbar decompressive surgery and medication management. In progress note dated 5/20/2015 and 5/21/2015, the injured worker complains of depression, anxiety, nerve pain, low back pain and bilateral lower extremity pain. The treating physician is requesting Lexapro 20 mg #30 with 3 refills, Klonopin 0.5 mg and psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Escitalopram (Lexapro).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The injured worker has been diagnosed as having depression secondary to chronic pain associated with industrial trauma. Lexapro is a SSRI with use in patients with depression associated with chronic pain as per guidelines quoted above. However, the request for a four-month supply is not clinically indicated as it is recommended to monitor the effects of medications for any objective functional improvement, side effects etc with the ongoing use. The request for Lexapro 20mg #30 with 3 refills is not medically necessary. It is to be noted that the UR physician authorized a one-month supply.

Klonopin 0.5mg (unspecified qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Klonopin, Weaning of Medications.

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 Klonopin 0.5 mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request does not specify the quantity being requested. The request for Klonopin 0.5mg (unspecified qty) is not medically necessary.

Unknown psychotherapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request does not specify the number of sessions being requested. Thus, the request for Unknown psychotherapy sessions is not medically necessary.