

Case Number:	CM15-0025551		
Date Assigned:	02/18/2015	Date of Injury:	10/03/2012
Decision Date:	04/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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 60 year old female, who sustained an industrial injury on 10/03/2012. On provider visit dated 11/10/2014 the injured worker has reported anxiety, depression, anhedonia decreased concentration and self-esteem and irritability. On examination she denied suicidal/homicidal ideation, episodically pressured speech was noted as well as mild psychomotor agitation with no involuntary movements. The diagnoses have included major depressive disorder and chronic pain. Treatment plan included continue previous prescribed medication and cognitive behavioral therapy. On 02/04/2015 Utilization Review non-certified Cognitive Behavioral therapy times six, Psychotherapy Medication Management times six, Effexor XR 75mg #90 with 2 refills and Trazadone 50mg #60 with 2 refills. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

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 recommend 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). Upon review of the submitted documentation, it is gathered that the injured worker could be a good candidate for behavioral treatment of chronic pain. However, the request for Cognitive Behavioral therapy times six exceeds the guideline recommendations of an initial trial. Thus the request is not medically necessary at this time.

Psychotherapy Medication Management times six: 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); Pain Chapter, Medication Management.

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 request for Medication Management times six is excessive and not medically necessary at this time. The injured worker has been diagnosed with major depressive disorder and chronic pain. The psychotropic medications being continued are Effexor XR and Trazodone which do not require close monitoring needing six sessions.

Effexor XR 75mg #90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Food and Drug Association; Effexor Page(s): 15, 105.

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 with major depressive disorder and chronic pain. Venlafaxine is indicated for treatment of these conditions. Thus, the request for Effexor XR 75mg #90 with 2 refills is medically necessary.

Trazadone 50mg #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 (ODG); Mental Illness & Stress Chapter- Trazadone.

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 & Stress: Trazadone (Desyrel).

Decision rationale: ODG states "Trazadone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. Trazadone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing Trazadone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. To date, there has been only one randomized, double blind, placebo-controlled trial studying Trazadone in primary insomnia. It was observed that relative to placebo, patients reported significant improvement in subjective sleep latency, sleep duration, wake time after sleep onset, and sleep quality with trazadone and zolpidem during week one, but during week two the trazadone group did not differ significantly from the placebo group whereas the zolpidem group demonstrated significant improvement compared to placebo for sleep latency and sleep duration. (Walsh, 1998) The AHRQ Comparative Effectiveness Research on insomnia concludes that Trazadone is equal to zolpidem.

(AHRQ, 2008) Evidence for the off-label use of Trazodone for treatment of insomnia is weak. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of Trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering Trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia. (Mendelson, 2005)"The injured worker has been diagnosed with Major Depressive Disorder, single episode, moderate and Generalized Anxiety Disorder. The documentation indicated that the injured worker has benefit in terms of insomnia, anxiety and depression with the use of Trazodone. Thus, the use of Trazadone 50 mg #60 with 2 refills is medically necessary for the treatment of coexisting depression and insomnia.