

Case Number:	CM15-0048453		
Date Assigned:	04/09/2015	Date of Injury:	07/07/2006
Decision Date:	05/18/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who reported an injury on 07/07/2006. The mechanism of injury was not provided. The surgical history included a fracture of the trapezium bone. The mechanism of injury was the injured worker was working on a trash truck and while he was inside the load body of the truck, a follow sheet which weighs approximately 400 pounds fell and crushed the injured worker's left hand against the wall of the truck. Prior therapies included medication and a course of physical therapy. The documentation indicated the injured worker had been utilizing trazodone, Xanax, Lexapro, and Wellbutrin as of 07/2014 at least. The documentation of 02/23/2015 revealed the injured worker had been provided with a psychological evaluation and treatment. The physician commented on the denial reasons which indicated that the injured worker had utilized the medications Wellbutrin, trazodone, alprazolam, and Lexapro without any reported improvement as a result of treatment. The physician opined the medications were helpful, but not to a sufficient degree due to the severe pain, depression, anxiety, and insomnia. The physician opined there should be an addition of an adjunctive agent along with a psychiatric treatment program consisting of cognitive behavioral therapy and biofeedback which were initiated at the office. Additionally, the atypical antipsychotic Seroquel would be used as an adjunct. The physician further indicated that if the medications were allowed as they should be, then 2 medical management sessions would be appropriate. The physician indicated that the injured worker should be allowed an initial trial of psychotherapy and biofeedback per the initial documentation on 01/27/2015. The documentation of 01/27/2015 revealed the injured worker had complaints of insomnia and psych complaints. The

documentation indicated the injured worker had symptoms of mental disorder including depression, anxiety, irritability, and insomnia, as well as trouble concentrating, diminished confidence, and fatigue. The injured worker's quality of life became deteriorated. The injured worker was noted to have experienced intense fear with feelings of helplessness. The injured worker experienced persistent post-traumatic symptoms including the reliving of the trauma and flashbacks. The injured worker experienced impairment in daily activities including bodily habits, personal hygiene, eating, sleeping, and sexual habits. The injured worker experienced decreased motivation to perform housekeeping activities and had a decreased sexual interest. The injured worker had difficulty staying asleep. The injured worker had difficulty interacting with others. The documentation indicated the injured worker had not undergone psychiatric hospitalization, had no suicide attempts, and had been prescribed any psychotropic medications. The injured worker underwent the Beck Depression Inventory testing and scored a 38 which is severe for depression. The Beck Anxiety Inventory scale revealed the injured worker had a score of 38 which indicates a severe level of anxiety. The injured worker's diagnoses included post-traumatic stress disorder, major depressive disorder single episode unspecified, and psychological factors affecting medical condition. The treatment plan included medications, biofeedback, cognitive behavioral therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #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); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The physician documentation submitted for review indicated the injured worker had exceptional circumstances to support a trial of the medications. However, the injured worker was noted to utilize the medication since mid-2014, which would not support that it was a trial of the medication. There was a lack of documentation of changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to include a frequency. Given the above, the request for Lexapro 20 mg #30 is not medically necessary.

Alprazolam 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The documentation indicating the injured worker had utilized the medication for an extended duration of time. The efficacy and exceptional factors were not noted. The request as submitted failed to include the frequency for the requested medication. Given the above, the request for Alprazolam 0.5mg #90 is not medically necessary.

Seroquel 25mg #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), Mental Illness & Stress and the National Guidelines Clearinghouse; National Collaborating Center for Mental Health: Bipolar disorder: the management of bipolar disorder in adults, children and adolescents in primary and secondary care.

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 Chapter, Quetiapine (Seroquel).

Decision rationale: The Official Disability Guidelines indicate that Seroquel is not recommended as a first line treatment. The physician documentation indicated the medication was added as an adjunct to the other medications. However, there was a lack of documentation indicating the injured worker's objective functional response to the prior medications. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Seroquel 25 mg #30 is not medically necessary.

Trazadone 100mg #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); Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the

changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The physician documentation submitted for review indicated the injured worker had exceptional circumstances to support a trial of the medications. However, the injured worker was noted to utilize the medication since mid-2014, which would not support that it was a trial of the medication. There was a lack of documentation of changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to include a frequency. Given the above, the request for trazodone 100 mg #30 is not medically necessary.

Wellbutrin XL 300mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The physician documentation submitted for review indicated the injured worker had exceptional circumstances to support a trial of the medications. However, the injured worker was noted to utilize the medication since mid-2014, which would not support that it was a trial of the medication. There was a lack of documentation of changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to include a frequency. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for Wellbutrin XL 300mg #30 with 2 refills is not medically necessary.

2 Sessions of Medication Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999, page 460 and the Official Disability Guidelines (ODG); Mental Illness & Stress.

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 Chapter, Office Visits.

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is based on the injured worker's concerns, signs and symptoms, clinical stability, and physician judgment, as well as medications the injured worker is taking. The clinical documentation submitted for review failed to support the necessity for the

medications. As such, the request for medication management would not be necessary. Given the above, the request for 2 sessions of medication management is not medically necessary.

6 Cognitive Behavioral Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions. The clinical documentation submitted for review failed to provide documentation for the necessity for 6 sessions when the initial number of sessions is 3 to 4. The request for 6 sessions would be excessive. Given the above, the request for 6 cognitive behavioral psychotherapy sessions is not medically necessary.

6 Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24, 25.

Decision rationale: The California MTUS Guidelines indicate that biofeedback is recommended in conjunction with cognitive behavioral therapy for an initial trial of 3 to 4 visits over 2 weeks. The request as submitted would be considered excessive. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 6 biofeedback sessions is not medically necessary.