

Case Number:	CM15-0064338		
Date Assigned:	04/10/2015	Date of Injury:	04/04/2009
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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: Illinois

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 55 year old female, who sustained an industrial injury on 04/04/2009. The injured worker presented on 03/09/2015 for a follow-up evaluation. It was noted that the injured worker reported feelings of depression and cried during the session. The injured worker also suffered from insomnia due to physical discomfort and pain. The injured worker noted incontinence since the most recent back surgery, which has contributed to emotional deterioration. Upon examination, the provider noted the injured worker appeared in a distressed state due to elevated pain and maintained adequate eye contact during the session but had difficulty concentrating. The injured worker had severe depression due to physical limitations and pain. The injured worker is diagnosed with major depressive disorder, severe without psychotic features. The treating physician recommended individual psychotherapy sessions, group therapy, psychopharmacology management, and transportation to all medical appointments. A Request for Authorization form was then submitted on 03/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacology Management 1 x week for 3 months: 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 and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state the frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. In this case, it is noted that the injured worker has symptoms and objective evidence of severe depression secondary to limitations and pain. The injured worker does maintain a diagnosis of major depressive disorder and currently utilizes psychotropic medication. While 1 psychopharmacology management session can be considered, the request for psychopharmacology management once per week for 3 months is excessive and would not be considered appropriate in this case. The injured worker should be evaluated at each session to determine further care. Given the above, the request is not medically necessary.

Individual Psychological Therapy 1 x a week for 12 months: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 sessions over 2 weeks. The current request for psychological therapy once per week for 12 months exceeds guideline recommendations. Therefore, the request is not medically necessary.

Group therapy 1 x a week for 12 months: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 sessions over 2 weeks. The current request for psychological therapy once per week for 12 months exceeds guideline recommendations. Therefore, the request is not medically necessary.

Zoloft 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines do not recommend SSRIs as a treatment for chronic pain, but they may have a role in treating secondary depression. The injured worker does maintain a diagnosis of major depressive disorder. However, the injured worker has utilized the above medication since at least 12/2014. Despite the ongoing use of this medication, the injured worker continues to report depressive symptoms and insomnia secondary to discomfort and pain. The medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Gabapentin 400mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines recommend gabapentin for neuropathic pain. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 12/2014. There is no mention of functional improvement as a result of the ongoing use of this medication. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

Ambien 10mg, #15: 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.

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, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. In this case, the injured worker has utilized the above medication since 12/2014. The guidelines do not support long-term use of hypnotics. In addition, despite the ongoing use of this medication, the injured worker continues to report insomnia secondary to physical discomfort and pain. There is no mention of functional improvement as a result of the

ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

Transportation for all Medical Appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation.

Decision rationale: The Official Disability Guidelines recommend transportation for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. In this case, there is no documentation of a significant functional limitation. There is no indication that this injured worker is incapable of self-transportation. There is also no mention of a contraindication to public transportation. Given the above, the request is not medically necessary.