

<b>Case Number:</b>	CM15-0066008		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/19/2007
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 29-year-old female, who sustained an industrial injury on 09/19/2007. The mechanism of injury was the injured worker stepped on a step made of out rock and inverted her left ankle. The injured worker is currently diagnosed as having acute capsulitis, peroneal tendinitis, and lateral left ankle sprain, and adjustment disorder with mixed anxiety and major depressive disorder. Treatment to date has included left ankle MRI, lumbar spine MRI, and physical therapy, left ankle arthroscopic debridement of synovitis, acupuncture, cognitive behavioral therapy, and medications. The documentation of 02/06/2015 revealed the injured worker had plateaued and no further improvement was expected. Subjective findings included psychiatrically based impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. The documentation indicated that although the injured worker's chronic industrial psychiatric condition could not be cured, the requested treatment was essential to prevent deterioration and to provide sufficient symptomatic relief to allow for functioning at home and the community. The current medications included trazodone 100 mg 1 or 2 at bedtime, Effexor XR 150 mg twice a day, and Zoloft 100 mg daily. The treatment plan included a continuation of medications and psychotherapy monthly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy cognitive behavioral therapy qty:3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Cognitive behavioral therapy (CBT).

**Decision rationale:** The California MTUS Guidelines recommend cognitive behavioral therapy for up to 6 to 10 visits for injured workers who are at risk of delayed recovery. They do not, however, address the quantity of sessions for major depressive disorder. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that up to 13 to 20 visits are appropriate; however, for major depression, up to 50 sessions are appropriate if progress is being made. The clinical documentation submitted for review indicated the injured worker had reached a plateau, and as such, no further progress was noted. Therapy is supported as long as progress is being made. Given the above, and the lack of documentation of exceptional factors, the request for psychotherapy cognitive behavioral therapy quantity 3 is not medically necessary.

**Effexor XR 150mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement with the medication, including an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Effexor XR 150 mg #60 is not medically necessary.

**Trazadone 100mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement with the medication, including an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for trazodone 100 mg #90 is not medically necessary.

**Zoloft 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, 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 clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement with the medication, including an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zoloft 100 mg #30 is not medically necessary.