

Case Number:	CM15-0071032		
Date Assigned:	04/21/2015	Date of Injury:	08/14/2006
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/14/2015

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

Certification(s)/Specialty: Emergency Medicine

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 57-year-old female, who sustained an industrial injury on 8/14/06. She reported bilateral hand injury and she feels the injury affected her mind. The injured worker was diagnosed as having bilateral hand pain, adjustment disorder with mixed anxiety and depressed mood and problems with occupation, economics and legal issues. Treatment to date has included oral medications, group therapy sessions and individual therapy sessions. Currently, the injured worker complains of feeling down and glum for a few years. Psychological exam noted slightly restricted but appropriate affect. The treatment plan included continuation of individual psychotherapy session, group therapy sessions and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient three (3) cognitive behavioral psychotherapy sessions and referral for psych medication consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Psychotherapy Guidelines.

Decision rationale: The requested Outpatient three (3) cognitive behavioral psychotherapy sessions and referral for psych medication consultation, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102 recommend psych treatment for specifically identified chronic pain patients, and Official Disability Guidelines (ODG), Pain Chapter; Psychotherapy Guidelines recommend continued psychotherapy beyond a six-visit trial with documented derived functional improvement. The injured worker is feeling down and glum for a few years. Psychological exam noted slightly restricted but appropriate affect. The treating physician has not documented objective evidence of derived functional improvement from completed psychotherapy sessions. The criteria noted above not having been met, Outpatient three (3) cognitive behavioral psychotherapy sessions and referral for psych medication consultation is not medically necessary.

Pharmacy purchase of Celexa 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Celexa 20mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that this anti-depressant is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy." The injured worker is feeling down and glum for a few years. Psychological exam noted slightly restricted but appropriate affect. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Celexa 20mg, #60 is not medically necessary.

Pharmacy purchase of Ambien 10mg, #30: 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, Pain (Chronic), (updated 07/10/14), Insomnia Medications.

Decision rationale: The requested Ambien 10mg, #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), (updated 07/10/14), Insomnia Medications

note "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The injured worker is feeling down and glum for a few years. Psychological exam noted slightly restricted but appropriate affect. The treating physician has not documented current sleep disturbance, results of sleep behavior modification attempts or any derived functional benefit from its previous use. The criteria noted above not having been met, Ambien 10mg, #30 is not medically necessary.