

<b>Case Number:</b>	CM15-0074071		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 37 year old female who sustained an industrial injury on 3/31/06. The mechanism of injury was falling off of a ladder. The injured worker reported symptoms in the back as well as anxiety and depression. The injured worker was diagnosed as having major depressive disorder severe and anxiety disorder. Treatments to date have included injections, acupuncture treatment, physical therapy, oral pain medication, cognitive behavioral therapy, and selective serotonin reuptake inhibitors. The insight and judgment were within normal limits. The treatment plan included increase of Prozac to 40 mg every morning #30 with 2 refills, increase trazodone to 50 mg 1 to 2 tablets by mouth at bedtime as needed for insomnia #60 with 2 refills, continue psychotherapy and the injured worker would need to find another psychiatrist as the psychiatrist was leaving the clinic and the injured worker could have the medications followed by her primary care physician. The clinical documentation submitted for review indicated the injured worker could be followed for medication through her primary care physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management visits, every 1-3 months: Upheld**

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

**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. There was a lack of documentation indicating a necessity for medication management visits. The request as submitted failed to indicate the duration for the request. Given the above, the request for medication management visits every 1 to 3 months is not medically necessary.

**Prozac 20mg #30 for 12 months:** 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 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 indicated the injured worker was being monitored for sleep quality duration and psychological assessments. The documentation further indicated the injured worker's medication has been increased to Prozac 40 mg. As such, the prescription for Prozac 20 mg would not be necessary. The request as submitted failed to indicate the frequency for the requested medication. The duration of 12 months would not be medically appropriate. Given the above, the request for Prozac 20 mg #30 for 12 months is not medically necessary.

**Trazodone 50mg #30 for 12 months:** 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 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 indicated the injured worker had benefit with the medication as the sleep quality and duration was noted to have been improved. However, there was a lack of documentation indicating a necessity for trazodone 50 mg #30 as the injured worker's medication was increased to twice per night, which would be 60 tablets. The request for 12 months without re-evaluation would be excessive. The request as submitted failed to indicate the frequency. Given the above, the request for trazodone 50 mg #30 for 12 months is not medically necessary.

**Continue with psychotherapy:** Upheld

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

**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, Cognitive Behavioral Therapy.

**Decision rationale:** The Official Disability Guidelines indicate that cognitive behavioral therapy is recommended for up to 50 sessions with documentation of objective functional improvement for the diagnosis of major depression. The clinical documentation submitted for review indicated the injured worker had major depression. However, the objective functional benefit was not noted. There was a lack of documentation indicating the quantity of sessions previously attended. The request as submitted failed to indicate the frequency and quantity of sessions being requested. Given the above, the request for psychotherapy is not medically necessary.