MAXIMUS Federal Services

Case Number:	CM15-0075658		
Date Assigned:	04/27/2015	Date of Injury:	02/06/2007
Decision Date:	06/30/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 02/06/2007. She has reported injury to the neck and bilateral wrists/hands. The diagnoses have included complex regional pain syndrome; bilateral carpal tunnel syndrome; anxiety; and depression. Treatment to date has included medications, diagnostics, and psychotherapy. Medications have included Norco, Morphine Sulfate, Flexeril, Motrin, Celexa, and Nortriptyline. A progress note from the treating physician, dated 03/14/2015, documented a follow-up with the injured worker. Currently, the injured worker complains of increased symptoms of anxiety and depression. Objective findings included deterioration with increased symptoms of anxiety and depression; and the injured worker remains on no psychotropic medications. The treatment plan has included the request for Psychotherapy; Celexa 20mg every morning; Xanax 0.25mg every day as needed; and Nortriptyline 50mg at hour of sleep as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 24, 101-102, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102. Decision based on Non-MTUS Citation ODG, Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, there a note in March 2015 by psychiatry that stated that the patient had been denied all psychiatric medications and has ongoing depression and anxiety. The recommendation is made for re-initiation of psychotherapy, but there is no documentation of prior functional benefit from prior psychotherapy. Therefore, this request is not medically necessary.

Celexa 20mg every morning: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 107-108.

Decision rationale: In the case of this request, the antidepressant is being used primarily for mood disorder rather than for chronic pain. Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. In this case, there is a note dated 3/14/15 by a psychiatrist who suggested reinitation of Celexa. Given this specialty consultation and documentation of depression, it is reasonable for the patient to reinitiate this anti-depressant. Therefore, the request is medically necessary.

Xanax 0.25mg every day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant." Within the documentation available for review, it unclear how long the usage of benzodiazepine was, what frequency this medication was administered, and how efficacious it was for anxiety. Without this prior documentation, this request is not medically necessary.

Nortriptyline 50mg HS PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, TCA Page(s): 13-16, 107-108.

Decision rationale: In the case of this request, the antidepressant is being used primarily for mood disorder rather than for chronic pain. Tricyclic anti-depressants are considered first line agents per CPMTG. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. In this case, there is a note dated 3/14/15 by a psychiatrist who suggested reinitation of Celexa. Given that a mental health specialist has assessed this patient and determined there is deterioration, it is reasonable to reinitiate this anti-depressant. Therefore, the request is medically necessary.