

<b>Case Number:</b>	CM15-0076104		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/04/2011
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old female who sustained an industrial injury on December 4, 2011. She has reported fatigue, pain in the neck, shoulders, hips, and right lower back and has been diagnosed with orthopedic injury, evidence of a mild ongoing psychiatric illness, a state of obesity, systemic lupus, and vitamin D insufficiency. Treatment has included supportive therapy, medications, psychiatric care, self-talk, and CBT. Currently the injured worker had neck and low back pain. The treatment request included medication management, depression inventory, and anxiety inventory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 1 x 6 weeks x 6 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), Office visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with post-traumatic stress disorder, pain disorder associated with both psychological factors and a general medical condition and insomnia due to post traumatic stress disorder and pain disorder. The current request is for Medication management 1x6 weeks x 6 months. The treating physician report dated 11/19/14 states, "Continue CBT psychotherapy which has helped reduce anxiety and hypervigilance and allows more "normal" functioning. Remains vulnerable to regression with certain triggers." On 12/3/14 it is noted that the patient is prescribed Prozac, Trazodone and Topamax for refill. There is no discussion regarding medication effectiveness and the physician only states, "need for continuing maintenance meds, Continue present medication same dosage and frequency. Follow up evaluation in 6 weeks." The MTUS guidelines state "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the treating physician discusses in the progress reports provided for review that the patient is receiving Cognitive behavioral intervention and received treatments on 11/19/14, 12/3/14, 12/10/14, 12/17/14, 1/14/15, 1/27/15, 2/4/15, 2/11/15, 2/18/15 and 2/20/15. There is little to no documentation provided to indicate the effectiveness of the current treatment plan. The current documentation does not support a 6 month authorization of continued treatments. The current request is not medically necessary and the recommendation is for denial.

**Beck depression inventory 1 x 6 weeks x 6 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with post-traumatic stress disorder, pain disorder associated with both psychological factors and a general medical condition and insomnia due to post traumatic stress disorder and pain disorder. The current request is for Beck Depression inventory 1x6 weeks x 6 months. The treating physician report dated 11/19/14 states, "Continue CBT psychotherapy which has helped reduce anxiety and hypervigilance and allows more "normal" functioning. Remains vulnerable to regression with certain triggers." On 12/3/14 it is noted that the patient is prescribed Prozac, Trazodone and Topamax for refill. There is no discussion regarding medication effectiveness and the physician only states, "need for continuing maintenance meds, Continue present medication same dosage and frequency. Follow up evaluation in 6 weeks." The MTUS guidelines state "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the

physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In this case, the treating physician discusses in the progress reports provided for review that the patient is receiving Cognitive behavioral intervention and received treatments on 11/19/14, 12/3/14, 12/10/14, 12/17/14, 1/14/15, 1/27/15, 2/4/15, 2/11/15, 2/18/15 and 2/20/15. There is little to no documentation provided to indicate the effectiveness of the current treatment plan. The current documentation does not support a 6 month authorization of Beck Depression inventory. The current request is not medically necessary and the recommendation is for denial.

**Beck anxiety inventory 1 x 6 weeks x 6 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient presents with post-traumatic stress disorder, pain disorder associated with both psychological factors and a general medical condition and insomnia due to post traumatic stress disorder and pain disorder. The current request is for Beck anxiety inventory 1x6 x 6 months. The treating physician report dated 11/19/14 states, "Continue CBT psychotherapy which has helped reduce anxiety and hypervigilance and allows more "normal" functioning. Remains vulnerable to regression with certain triggers." On 12/3/14 it is noted that the patient is prescribed Prozac, Trazodone and Topamax for refill. There is no discussion regarding medication effectiveness and the physician only states, "need for continuing maintenance meds, Continue present medication same dosage and frequency. Follow up evaluation in 6 weeks." The MTUS guidelines state "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the treating physician discusses in the progress reports provided for review that the patient is receiving Cognitive behavioral intervention and received treatments on 11/19/14, 12/3/14, 12/10/14, 12/17/14, 1/14/15, 1/27/15, 2/4/15, 2/11/15, 2/18/15 and 2/20/15. There is little to no documentation provided to indicate the effectiveness of the current treatment plan. The current documentation does not support a 6 month authorization of Beck anxiety inventory. The current request is not medically necessary and the recommendation is for denial.