

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** June 3, 2003

**RE: MDR Tracking #:** M2-03-0972-01

**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a psychiatric physician reviewer who is board certified in psychiatry. The psychiatric physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant was injured, while working as an air-conditioning/heater repairman in \_\_\_ when a boiler head fell on him. Since that time he has complained of chronic pain to his cervical area and lower back. Associated symptoms include right shoulder pain, numbness in the area of the ulnar nerve distribution, especially of the right hand, and radiating pain and numbness in the distribution of the peroneal nerve bilaterally. He has undergone numerous diagnostic tests. In summary, these indicate some cervical spondylitic changes and mild narrowing of the cervical canal, especially in the C-8 region. He has not worked consistently since his injury. References to his emotional response to his pain were sparse in the documents provided. Notes from the intensive pain management program (IPM) record such symptoms as fear of experiencing another injury, feelings of inadequacy, anhedonia, low self-esteem, increased agitation, decreased concentration, decreased sleep, and pessimism. He has not received any psychiatric intervention. His medications consist of Ambien 10 mg for sleep, Hydrocodone 10/500 mg for pain, Vioxx 25 mg BID for pain, and Amitriptyline 10 mg TID for depression. Medications have been prescribed by his orthopedic surgeon who he sees approximately every three months. This regimen has remained unchanged for approximately one year. He continues to complain of pain and a recommendation was made in December 2002 for him to enter a chronic pain management program. He started treatment in January of 2003. Documents received for the purpose of this review indicate he completed 19 sessions.

### **Requested Service(s)**

Are 10 additional treatment sessions medically necessary to address the patient's issues regarding depression and anxiety which are seen as barriers to improvement?

## **Decision**

I do not believe that the additional sessions are medically necessary.

## **Rationale/Basis for Decision**

According to the documentation provided, the patient is making substantial progress in treatment, although some discrepancies in the records from the chronic pain management program were noted. (e.g. Treatment plan dated 3-04-03 recorded the treatment under week #1 and listed the Beck Depression Inventory (BDI) as 36 and the Beck Anxiety Inventory (BAI) at 54. It also records his hours of sleep at 4 and his hours of activity at 3. A letter from the therapist, at the chronic pain management program, to the utilization review committee also dated 3-04-03 records the Beck Depression Inventory as 14 and the Beck Anxiety Inventory as 15. This letter also states the patient is able to complete five hours of activity, an increase from 2-3 hours at the time of admission and states his sleep was at 8 hours per night.) Actual scales were not available. The initial approval for chronic pain management program clearly stated that detoxification from narcotics, which have been used for over five years to manage this patient's pain, was to be addressed. None of the documentation provided from the chronic pain management program indicated this had been done. The records also indicate a long history of narcotic use for the management of his pain. They also record that the patient often takes additional doses to control his pain (One note indicated he takes twice the prescribed amount.) Of great concern is the risk of developing a tolerance to these medications and sometimes an addiction, which can frequently occur during lengthy use for chronic pain. Once tolerance occurs, it may be more difficult to successfully control the pain and can consequently result in a subjective sense that the pain is worsening. Withdrawal from these substances can be very uncomfortable, creating a vicious cycle, worsening the pain syndrome, if detoxification is not addressed. After 19 sessions, no indication exists that his depression, which is stated as one of the primary reasons for continuing treatment, was adequately addressed. The therapist's letter lists what was taught during group therapy/class sessions, but does not describe in any form, the patient's individual response. This brings to question whether or not this was addressed. Medically, it certainly was not. To date, the only medication noted to have been used to target his depressive symptoms is Amitriptyline. This medication has been proven effective for treating both depression and pain syndrome however, it has been abandoned by most psychiatrists because of side effects and newer medications which are equally, if not more, efficacious and safe. The dose used in this case (10mg TID) is extremely low. Recommended dosage range for adults is 150-300 mg per day (Kaplan & Saddock Synopsis of Psychiatry 7<sup>th</sup> ed), usually given in divided doses and is often started at 75 mg/d. This may account for the lack of effectiveness of this medication on his depressive symptoms. With this medication, EKG's should be monitored and so should vital signs; plasma levels should be obtained at doses above 150 mg and it should never be started or stopped abruptly. For this reason, alternate medications, such as SSRI's often prove to be a safer choice and can treat the symptoms listed, including some benefit with pain management. The symptoms which were described, considering the scales recorded in the documentation, are routinely treated in a lower level of care.

Decision was based solely on the clinical records provided.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.