

Case Number:	CM13-0024160		
Date Assigned:	11/20/2013	Date of Injury:	05/09/2009
Decision Date:	01/03/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 physician 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/services.

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 patient is a 55-year-old male who reported an injury on 05/09/2009. The patient is diagnosed with major depressive disorder, generalized anxiety disorder, and insomnia. The patient was seen by [REDACTED] on 07/15/2013. Objective findings revealed a sad and anxious mood. Treatment recommendations included cognitive behavioral therapy and supportive psychotherapy once per week with continued psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 mg every day #30 with 2 refills: 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 Page(s): 24 and 66.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use. Most guidelines limit the use to 4 weeks. Tolerance to hypnotic and anxiolytic effects develops rapidly. A more appropriate treatment for anxiety disorder is an antidepressant. As per the clinical notes submitted, the patient continues to report a sad and anxious mood with irritability, frustration, helplessness, and disturbed sleep Final Determination Letter for IMR Case Number CM13-0024160 3 pattern. As guidelines do not recommend long-term use of

benzodiazepines, the current request cannot be determined as medically appropriate. California MTUS Guidelines further state anxiolytics are not recommended as first line therapy for stress related conditions. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

pharmacological management follow up in 4 weeks: 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 Page(s): 100-102.

Decision rationale: California MTUS Guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing patient's beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. As per the clinical notes submitted, the patient has undergone cognitive behavioral and supportive psychotherapy. Despite ongoing treatment, the patient continues to report depression, anxiety, irritability, frustration, helplessness, and emotional spells. The medical rationale for the requested service has not been provided. Based on the clinical information received, the request is non-certified.