

Case Number:	CM13-0036340		
Date Assigned:	12/13/2013	Date of Injury:	06/27/2005
Decision Date:	03/27/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who reported an injury on 06/27/2005. The mechanism of injury was not specifically stated. The patient is diagnosed with major depressive disorder and pain disorder. The patient was seen by [REDACTED] on 09/30/2013. The patient reported persistent pain. Objective findings included a partial positive response to the current medication regimen with an improvement in activities of daily living and sleep quality. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 2mg, #60: 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); Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As per the documentation submitted, the patient has continuously utilized this medication.

However, there is no documentation of acute anxiety. California MTUS Guidelines further state a more appropriate treatment for anxiety disorder is an antidepressant. Guidelines limit use of benzodiazepines to 4 weeks. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Fluoxetine 20mg, #90: 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); Pain (Chronic).

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

Decision rationale: California MTUS Guidelines state SSRIs are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. As per the documentation submitted, the patient is currently diagnosed with major depressive disorder. However, the patient has continuously utilized this medication. There is no evidence of objective functional improvement. The patient is also utilizing Wellbutrin XL 150 mg 3 times per day. The medical necessity for 2 separate antidepressants has not been established. Therefore, the request is non-certified.