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| Case Number: | CM13-0037932 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 01/25/2011 |
| Decision Date: | 05/05/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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:

This is a 63 year-old female with a 1/25/2011 industrial injury claim. She has been diagnosed with post traumatic stress disorder; sexual problem; sleep disorder; major depressive disorder. According to the 9/26/13 psychiatric report from [REDACTED], the patient presents tired and depressed. Her antidepressant medications were approved, but the office visits were denied. On 10/9/13 UR denied the Citalopram, Temazepam and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

CITALOPRAM 20MG, OD, #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

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

Decision rationale: The patient presents with PTSD, insomnia and depression. I have been asked to review for Citalopram. This is an SSRI antidepressant, and MTUS states: "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The request appears to be in accordance with MTUS guidelines.

TEMAZEPAM 30MG, #100 ONE AT BEDTIME: Upheld

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

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

Decision rationale: The patient presents with PTSD, insomnia and depression. The records show the patient has been prescribed Temazepam on 5/14/13 and 7/30/13 and I have been asked to review for continued use of the benzodiazepine Temazepam requested on 9/26/13. MTUS states benzodiazepines are not recommended for long-term use and states most guidelines limit use to 4-weeks. The continued use of Temazepam over 16-weeks exceeds the MTUS recommendations.

TRAZODONE 100MG, #100 1-2 TABLETS AT BEDTIME: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-14. Decision based on Non-MTUS Citation ODG Mental Illness & Stress (updated 5/13/13), Insomnia treatment

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

Decision rationale: The patient presents with PTSD, insomnia and depression. I have been asked to review for Trazodone for insomnia. MTUS states antidepressants are recommended for chronic pain, but did not specifically mention use of Trazodone for insomnia. ODG guidelines were consulted. ODG guidelines, states trazodone is: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety." The request appears to be in accordance with ODG guidelines.