MAXIMUS Federal Services

Case Number:	CM13-0038986		
Date Assigned:	06/06/2014	Date of Injury:	02/28/2006
Decision Date:	10/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 Occupational Medicine 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 patient is a 51 year-old female with date of injury 02/28/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/28/2013, lists subjective complaints as depression, anxiety and sleep problems. No physical examination was provided for review. Diagnosis: 1. Depression 2. Psychological factors affecting physical illness. Treatments to date include 15 sessions of physical therapy in 2006; 17 sessions of chiropractic treatment in 2007; and 6 sessions of acupuncture in 2007. The medical records provided for review document the patient has been taking the following medications.Medications:1.Atarx 25mg, #90 SIG: QID2.Temazepam 15mg, #60 SIG: one to two tablets QHS3.Wellbutrin 100mg, #60 SIG: Qam and Qnoon4.Xanax 0.5mg, #60 SIG: BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATARAZ 25 MG QID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

Decision rationale: Atarax is that of the antihistamine drug class. The Official Disability Guidelines state that sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine, and promethazine). Tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. Prolonged use of Atarax is not supported by the Official Disability Guidelines.

TEMAZEPAM 15 MG ONE TO TWO TABLETS QHS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

Decision rationale: The Official Disability Guidelines do not recommended Benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Medical records show that the patient has been taking benzodiazepines for over one year. Temazepam is not medically necessary.

WELLBUTRIN 100 MG QAM AND QNOON #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Bupropion (WellbutrinÂ®)

Decision rationale: The Official Disability Guidelines state that while bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or Serotonin-Norepinephrine Reuptake Inhibitors (SNRI).The patient's pain is non-neuropathic in nature and there is no documentation that the patient has been tried on first-line medications. Wellbutrin is not medically necessary.

XANAX 0.5 MG BID #60: 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.

Decision rationale: Xanax (Alprazolam) is a Benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Xanax is not medically necessary.

MEDICATION MANAGEMENT SESSIONS EVERY THREE MONTHS FOR THE NEXT YEAR (FOUR SESSIONS): 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): 8.

Decision rationale: Although the patient may have been a candidate for medication management, none of the above medications are to be authorized; thus, medication management is not medically necessary.