

Case Number:	CM13-0041446		
Date Assigned:	12/20/2013	Date of Injury:	04/02/2007
Decision Date:	11/05/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/15/2013

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 Psychiatry 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:

Injured worker is a 53 year old male with date of injury 4/2/2007. Date of the UR decision was 10/1/2013. He encountered chronic pain in his neck, back and left shoulder as a result of occupational/industrial injury. His physical symptoms have been treated acupuncture, chiropractic, physical therapy and medication. Per Psychologist report dated 7/19/2013, he was being evaluated for his psychological symptoms. He reported subjective complaints of headaches, depression, poor sleeping, loss of interest in normal activities, fatigue, anxiety as well as other psychological issues. The provider noted some symptom magnification in addition to impaired judgment and abstract thinking. The patient was given a battery of psychological tests which revealed severe depression, severe anxiety, severe hopelessness, normal intelligence and excessive sleepiness. The injured worker has been diagnosed with major depression with reported anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states "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. The submitted documentation lists that the injured worker suffers from severe anxiety as evident from the Beck Anxiety Inventory that was performed on him. However, the MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for one prescription of Ativan, unknown quantity with no documented plan of taper is excessive and not medically necessary.

Busbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The request for one prescription of Buspar, unknown dose, unknown frequency, unknown quantity is not medically necessary.

Zoloft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & stress, Antidepressants for treatment of MDD (major depressive disorder and Sertraline (Zoloft)

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

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" SSRI's are not recommended for mild presentations of MDD. The request for one prescription of Zoloft, unknown dose, unknown frequency, unknown quantity is not medically necessary.

