

Case Number:	CM13-0044656		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2012
Decision Date:	02/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Maryland and 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 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. 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 39 year old female who reported an injury on 05/24/2012. The mechanism of injury was not provided. The patient was noted to be treated for major depression, single episode moderate, generalized anxiety disorder, and adjustment disorder with mixed anxiety and depressed mood, chronic, along with sleep disorder due to anxiety and depression. The patient was noted to be taking the medications of Zoloft, Deplin, Buspar, and Klonopin. The request was made for refills of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg bedtime plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that a selective serotonin reuptake inhibitor such as Zoloft is recommended in treating secondary depression. The patient was being treated for depression. The documentation provided

clearly stated that the patient's anxiety had improved and frequency of nightmares and pervasive thoughts had decreased. In addition, mental status exam documented on visit note from 1/6/2014 indicated a "mood brighter" than observed on prior visit in August of 2014. However, it failed to provide documentation of the quantity being requested. Given the above, the request for Zoloft 100 mg at bedtime plus 5 refills is not medically necessary.

klonopin 0.5mg in the morning and 0.5mg bedtime plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The patient was noted to be prescribed the medication by the physician treating her for major depression and a generalized anxiety disorder as well as an adjustment disorder with mixed anxiety and depressed mood. As such, additional guidelines were sought the Official Disability Guidelines indicates that Benzodiazepines are effective for acute treatment of anxiety. It further indicated that these agents are used primarily as an adjunct for stabilization during initiation of a selective serotonin reuptake inhibitor (SSRI) or selective norepinephrine reuptake inhibitor (SNRI). The documentation provided clearly stated that the patient's anxiety had improved and frequency of nightmares and pervasive thoughts has decreased. In addition, mental status exam documented on visit note from 1/6/2014 indicated a "mood brighter" than observed on prior visit in August of 2014. However, it failed to provide documentation of the quantity being requested. Given the above, the request for Klonopin 0.5 mg in the morning and 0.5 mg at bedtime plus 5 refills is not medically necessary.

Buspar 15mg in morning and 30mg bedtime plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Official Disability Guidelines recommend Buspar for short-term relief of anxiety symptoms. The documentation provided clearly states that the patient's anxiety had improved and frequency of nightmares and pervasive thoughts had decreased. However, it failed to provide documentation of the quantity being requested. Given the above, the request for Buspar 15 mg in morning and 30 mg at bedtime plus 5 refills is not medically necessary.

Deplin 15mg in the morning plus 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Vitamin B and <http://www.drugs.com/mtm/deplin.html> Am J Psychiatry.2012 Dec 1; 169(12):1267-74. PMID.

Decision rationale: The Official Disability Guidelines indicates that Vitamin B is not recommended for the treatment of pain and it is frequently used for treating peripheral neuropathy but its efficacy is not clear. Per drugs.com, Deplin is a form of Folate, which is a form of Vitamin B. According to recent studies, Deplin (L-methylfolate) has proved an effective, safe, and well-tolerated treatment strategy for patients with major depressive disorder who have partial response to selective serotonin reuptake inhibitor (SSRIs). The patient had a well-documented response to treatment with SSRI in conjunction with L-methylfolate. However, it failed to provide documentation of the quantity being requested and the medication was discontinued as of the 01/06/2014 note. Given the above the request for Deplin 15 mg in the morning plus 5 refills is not medically necessary.