

Case Number:	CM13-0046145		
Date Assigned:	12/27/2013	Date of Injury:	12/11/2001
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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:

This is a 45 year old male injured 12-11-2001. The patient suffered a fall. He has had multiple back surgeries, blurred vision and headaches. He has been diagnosed with major depressive disorder and insomnia. He has also been diagnosed with "Psychological factors affecting medical condition" The patient has extensive crying spells and erectile dysfunction. He states his medication regimen is effective from the patient perspective. He has been treated with Prozac, Levitra, Xanax and Ambien. At issue is the medical necessity of six psychiatric medication management sessions, 90 0.5 mg Xanax and five 20 mg Levitra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) psychotropic medication management sessions (1 per month): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 460. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits and Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition.

Decision rationale: Recommended as determined to be medically necessary; Evaluation and ,management (E&M) outpatient visits to the Offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition DOI:

10.1176/appi.books.9780890423387.654001 states the following with respect to therapeutic interventions: "b. Assessing the adequacy of treatment response In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention. This patient is on Xanax, Ambien, and Prozac along with Levitra. The patient's medication regimen shows room for optimization over time. Prozac itself will require medication monitoring per the guidelines stated above. This patient's psychiatric medication management is complicated by ongoing treatment with benzodiazepines and hypnotics together. Six medication management sessions are medically necessary.

One (1) prescription of Xanax 0.5 mg #90: Upheld

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

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

Decision rationale: Xanax is a benzodiazepine. According to the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Page 24 of 127, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case the patient has been on Xanax since at least October 2013. Exact start and stop dates of Xanax were not provided in the records made available to this reviewer. The records provided show no evidence of attempt to taper Xanax. Further use of Xanax at the dosage level requested is not medically necessary.

One (1) prescription of Levitra 20 mg #5: 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 National Guideline Clearinghouse: The management of erectile dysfunction: an update. (2) 2006 addendum.

Decision rationale: In the case at hand, the documentation provided to this reviewer did not provide sufficient detail to demonstrate that the medication increased the functioning of the patient. Exact start and stop dates were not available in the records provided. As such this reviewer was unable to establish medical necessity within the guidelines.