MAXIMUS Federal Services

Case Number:	CM13-0052310		
Date Assigned:	12/27/2013	Date of Injury:	09/13/1999
Decision Date:	12/18/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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 Family Practice, has a subspecialty in Preventative 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 is a 52 year old female claimant who sustained a work injury on 9/13/99 involving the low back. She was diagnosed with lumbar disc disease and underwent a laminectomy. She subsequently developed post-laminectomy syndrome. A progress note on 10/1/13 indicated the claimant had been treated for a major depressive disorder since 2002. She had been on Lexapro, Xanax and Buspar for depression and anxiety. She had been receiving monthly cognitive behavioral therapy. The treating psychiatrist recommended 12 additional sessions of therapy with monthly visits as well as 1 yr. refill of the antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg, 1 daily for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Disorders and Depression

Decision rationale: According to the guidelines antidepressants are recommended for initial treatment a major depressive disorder. Lexapro is an SSRI that is considered 1st line for major

depression. In this case, the response to the medication, depression scales, and daily functional levels were not described. In addition, monitoring behavior and medication response requires a greater frequency than once a year. The 12 month supply of Lexapro is not medically necessary based on lack of clinical response to determine necessity of the medication over an extended length of time.

Buspar 15mg, 1 three times a day as needed for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guidelines for Anxiety Disorders

Decision rationale: According to the guidelines, BuSpar is a newer anti-anxiety medication use for anxiety disorders. More common first-line medications include serotonin re uptake inhibitors and try cyclic antidepressants. In this case, the response to the medication, anxiety level, and daily functional activities were not described. In addition, monitoring behavior and medication response requires a greater frequency than once a year. The 12 month supply of Buspar is not medically necessary based on lack of clinical response to determine necessity of the medication over an extended length of time.

Xanax 2mg, 1 twice a day as needed for 12 months: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended for long-term use because it efficacy is unproven and there is a risk of addiction. Most guidelines limits its use of 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, Xanax was prescribed for a 12 month period for treatment of anxiety. The length of use of Xanax is not recommended as noted above in the guidelines. Xanax has prescribed above is not medically necessary.

12 Sessions of medication management with a psychiatrist: 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 Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODGCognitive behavioral therapy and Office Visits

Decision rationale: According to the guidelines office visits are recommended as medically necessary. In this case routine follow-up with a psychiatrist for the claimant's depression symptoms is appropriate. Monthly visits may be needed. However it is difficult to determine the claimant's therapeutic response for a year in advance. In addition medication management alone is not necessary for follow-up to a psychiatrist but rather the entire management of the psychiatric disorder. In this case the amount of sessions requested in advance is not medically necessary and appropriate.