

<b>Case Number:</b>	CM13-0052315		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/13/1999
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 53 years old female sustained work related industrial injuries on September 13, 1999. The mechanism of injury was not described. The injured worker was diagnosed and treated for major depressive disorder and pain disorder. Treatment consisted of cognitive base psychotherapy, prescribed medications, pain management and periodic ongoing evaluation for use of psychotropic medications. As of October 1, 2013, the injured worker's psychiatric disability status remains permanent and stationary. The treating physician prescribed services for Lexapro 20 mg once a day for depression x 12 months, Buspar 15mg three times a day as needed for anxiety x 12 months, medication management with psychiatrist x 12 sessions, and Xanax 2mg twice a day as needed for breakthrough anxiety x 12 months now under review. On October 29, 2013, Utilization Review evaluated the prescription for the services requested on October 24, 2013. Upon review of the clinical information, UR noncertified the request noting the lack of functional improvement or need for continued monitoring from psychotherapy to date, lack of functional findings for currently prescribed antidepressant, and the non recommendation of benzodiazepines by MTUS for long term treatment of anxiety. This UR decision was subsequently appealed to the Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT WITH PSYCHIATRIST X 12 SESSIONS:** 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 and Stress, Summary of Medical Evidence

**Decision rationale:** The above recommend office visits as medically necessary. In this case there is very little data on the patient's treatment course or current status. The best available information indicates that the patient's psychiatric condition was permanent and stationary as of 10/1 of last year and there is no indication of changes which would warrant monthly follow up visits. Patients who are stable could be managed on a quarterly basis. As such, the requested monthly management visits do not appear to be medically necessary.

**LEXAPRO 20MG X 12 MONTHS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Other Medical Treatment Guideline or Medical Evidence: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010

**Decision rationale:** Antidepressant therapy is recommended according to the State of California MTUS, ODG and ACOEM. The length of treatment is not specifically indicated by any of these resources. In this case the patient has been on antidepressants for at least 1-2 years and has a history of at least one past psychiatric hospitalization for suicidal ideation according to a letter from her provider which was dated 10/1 of last year. APA Practice Guidelines provide the best evidence based comprehensive review of treatment for Major Depression. These guidelines indicate that "Maintenance therapy should be considered more strongly for patients with additional risk factors for recurrence, such as....severity of prior episodes". They also state that "Additional considerations that may play a role in the decision to use maintenance therapy include.....severity of prior depressive episodes, including factors such as psychosis or suicide risk". Side effects from Lexapro are few and rarely if ever serious. As such benefits from this medication appear to outweigh potential risks and given the past history of suicidal thinking resulting in a hospital stay, maintenance therapy over the long term with antidepressant medication would appear to be warranted and medically necessary according to current evidence based best practice standards and expert consensus as set forth in the APA Practice Guidelines as cited.

**BUSPAR 15MG X 12 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist, The Internet Drug Index

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2014 Physicians Desk Reference

**Decision rationale:** State of California MTUS, ACOEM and ODG are silent in regards to this medication. The FDA indicates Buspar only for management of anxiety states such as Generalized Anxiety Disorder (GAD) and its long term efficacy is not demonstrated. The records reviewed do not detail the presence of significant anxiety or a diagnosis of GAD. A 12 month prescription for Buspar therefore would be considered as not medically necessary according to FDA standards.

**XANAX 20MG X 12 MONTHS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** ACOEM indicates that "Anxiolytics are not recommended as first-line therapy for stress-related conditions because they can lead to dependence and do not alter stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms that interfere with daily functioning or to achieve a brief alleviation of symptoms that allow the patient to recoup emotional or physical resources". The records submitted do not appear to indicate that this is the case and the requested duration far exceeds the recommended maximum of 4 weeks as set forth in the State of California MTUS. While the MTUS may not strictly apply due to the apparent use of this medication to manage the patient's psychiatric condition rather than chronic pain there is insufficient information in the records submitted to support long term use of this medication. As such the request for Xanax 2 mg times 12 months does not appear to be medically necessary according to the cited evidence based practice standards.