MAXIMUS Federal Services

Case Number:	CM13-0052612		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2011
Decision Date:	03/14/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/13/2013

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 Occupational 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 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 applicant is a represented [redacted] employee who has filed a claim for anxiety, depression, and sleep disorder reportedly associated with an industrial injury of June 26, 2011. Thus far, the applicant has been treated with the following: Psychotropic medications; anxiolytic medications; and attorney representation. In a Utilization Review Report of August 6, 2013, the claims administrator denied a request for Estazolam and also denied a request for Atarax. In his Utilization Review Report, the claims administrator did reference a medication management report of the April 5, 2013, which stated that the applicant should follow up every three months. These progress notes, however, were not provided as part of the independent Medical Review packet. The only records provided were several bills for medications dispensed, including Estazolam and Atarax. The applicant's attorney later appealed the utilization review denial on August 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Estazolam 2mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: The MTUS/ACOEM Guidelines in Chapter 15, anxiolytic medications are not recommended as a first-line therapy for stress related conditions. They are typically appropriate for brief periods in cases of overwhelming symptoms or to achieve a brief alleviation of symptoms. In this case, the attending provider did not proffer any applicant specific rationale or narrative so as to try and offset the unfavorable ACOEM recommendation on Estazolam, a Benzodiazepine Anxiolytic. The applicant's work status, functional status, and response to prior treatment are unknown. No clinical progress notes were attached to the request for authorization. The retrospective request for Estazolam 2mg, quantity 30, DOS 6/28/13 is not medically necessary and appropriate.

Retrospective request for Hydoxyzine Hcl 25mg, quantity 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.pdr.net/drug-summary/hydroxyzine-hydrochloride-tablets?druglabelid=741&id=1061

Decision rationale: As noted in the Physicians Drug Reference (PDR), Hydroxyzine or Atarax is indicated in the symptomatic relief of anxiety and tension associated with psychoneurosis. In this case, however, it is not clearly stated for what purpose the attending provider and/or applicant were employing Hydroxyzine (Atarax). The applicant's previous response to usage of Atarax was not detailed or described. The applicant's work and functional status were unknown. Again, no clinical progress notes were attached to the request for authorization or to the application for independent medical review. The request for Hydoxyzine Hcl 25mg, quantity 60 (DOS: 6/28/2013), is not medically necessary and appropriate.