

Case Number:	CM13-0059869		
Date Assigned:	03/19/2014	Date of Injury:	09/01/2012
Decision Date:	06/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 34-year-old female who reported an injury on 09/01/2012 due to cumulative trauma while performing normal job duties. The injured worker suffered psychiatric injury that manifested into physical complaints. The injured worker was assessed on 09/16/2013. It was documented that the injured worker's psychiatric condition was still considered unstable. A letter of appeal dated 09/11/2013 documented that the injured worker had testing scores that concluded she still suffered from moderate to severe depression. It was documented that the injured worker denied Lexapro, Restoril, and Atarax. It was documented that the injured worker still had significant emotional distress and psychological issues that required ongoing treatment. The injured worker's treatment plan included continuation of psychotropic medications and psychological therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 20MG #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 Page(s): 387-388.

Decision rationale: The American College of Occupational and Environmental Medicine stress chapter indicates that short courses of antidepressants are recommended for injured workers with evidence of stress and emotional disturbances. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013.

Therefore, ongoing use of this medication would not be supported. Additionally, the request as it is submitted did not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lexapro 20 mg #30 is not medically necessary or appropriate.

RESTORIL 30MG #30: Upheld

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

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, Insomnia Treatments

Decision rationale: The California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend the use of Restoril for short durations of treatment to assist in the management of insomnia. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. Therefore, continued use would not be supported. Additionally, the clinical documentation submitted for review does not provide an adequate assessment to support significant functional benefit related to medication usage. Therefore, ongoing use would not be supported. Also, the request as it is submitted does not have a frequency of treatment. Therefore, the appropriateness request itself cannot be determined. As such, the requested Restoril 30 mg #30 is not medically necessary or appropriate.

ATARAX 25MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov

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: FDA.gov

Decision rationale: The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address this medication. The FDA recommends this medication for symptomatic relief of anxiety and tension for short durations of treatment not to exceed 4 months. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. This exceeds the recommended 4 month duration. Therefore, continued use of this medication would not be supported. Additionally, the clinical documentation submitted for review does not provide an adequate

assessment of significant functional benefit related to medication usage. Therefore, ongoing use of this medication would not be supported. Also, the request as it is submitted does not clearly identify a frequency of treatment. As such, the requested Atarax 25 mg #30 is not medically necessary or appropriate.