MAXIMUS Federal Services

Case Number:	CM14-0002452		
Date Assigned:	01/24/2014	Date of Injury:	01/21/2012
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/07/2014

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:

The patient is a 38-year-old female who has filed a claim for depressive disorder associated with an industrial injury date of January 21, 2012. Review of progress notes reports low back pain radiating down the left lower extremity, up to the top of the left foot, accompanied by weakness, numbness, and tingling of the left leg. Patient also complains of left wrist pain with numbness and tingling of the left thumb and index finger. Findings include positive straight leg raise test on the right, weakness of the left extensor hallucis longus, and antalgic gait. Latest psychological report on the patient is from March 2013. Patient experiences symptoms of depression and anxiety, including stress-intensified headache, teeth grinding, vomiting, tension, abdominal cramping, palpitations, and possible stress-aggravated high blood pressure. Treatment to date has included Effexor, benzodiazepines, ProSom, opioids, Soma, Terocin cream, left carpal tunnel release, and lumbar epidural steroid injections. Utilization review from January 02, 2014 denied the request for venlafaxine SR 75mg #60 with 2 refills, Xanax 0.5mg #60 with 2 refills, and temazepam 15mg #60 with 2 refills. Reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

VENLAFAXINE SR 75 MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTIDEPRESSANTS FOR CHRONIC PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 15, 105.

Decision rationale: As noted on pages 15 and 105 of the California MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, there is no recent documentation regarding the employee having depression and anxiety symptoms. Latest psychological report was from March 2013, noting that this medication is used for depression. Current psychological status is not known. Therefore, the request for venlafaxine SR 75mg #60 with 2 refills was not medically necessary according to the guideline recommendations of California MTUS.

XANAX 0.5 MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is no recent documentation regarding the employee having depression and anxiety symptoms. Latest psychological report was from March 2013. The employee has been on this medication since at least March 2013, and long-term use is not recommended. Therefore, the request for Xanax 0.5mg #60 with 2 refills was not medically necessary according to the guideline recommendations of California MTUS.

TEMAZEPAM 15 MG #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is no recent documentation regarding the employee having depression and anxiety symptoms. Latest psychological report was from March 2013. There is no documentation regarding use of this medication. It is unclear as to why this medication is necessary. Therefore, the request for temazepam 15mg #60 with 2 refills was not medically necessary according to the guideline recommendations of California MTUS.