

Case Number:	CM14-0008999		
Date Assigned:	02/14/2014	Date of Injury:	06/26/2011
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, psychological stress, depression, and hypertension reportedly associated with an industrial injury of June 26, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for Atarax or hydroxyzine, approved a request for Atenolol, denied a request for Zoloft or sertraline, and denied a request for Estazolam. Non-MTUS ODG Guidelines were seemingly cited in all of the decisions, although the MTUS did address all of the topics at hand. The patient's attorney subsequently appealed. In a January 20, 2014 appeal letter, the applicant's psychiatrist stated that hydroxyzine was being used for anxiety, emotional control, and psychotic-like paranoia. The attending provider stated that he intended to use hydroxyzine or Atarax for its relatively weak antipsychotic effect. The attending provider stated that benzodiazepines could be employed for long-term use purposes by a psychiatrist. The attending provider again complained that the abrupt discontinuation of medications ran contrary to the philosophy espoused in ODG. An April 5, 2013 progress note is notable for comment that the patient had ongoing issues of depression, anxiety, and sleep. It was stated that without provision of major tranquilizer, the patient would have difficulty concentrating and/or to maintain emotional functioning. The attending provider stated that provision of psychotropic medications would be needed for the foreseeable future. It did not appear that the patient was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: HYDROXYZINE HCL 25MG #60: 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), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), Hydroxyzine Medication Guide. <http://www.pdr.net/drug-summary/hydroxyzine-hydrochloride-injection?druglabelid=743>

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotics is recommended. In this case, the attending provider has posited that the patient has low-grade depression with some psychotic elements. As further noted in the Physicians' Desk Reference (PDR), hydroxyzine or Atarax can potentiate or be potentiated by CNS antidepressants, although hydroxyzine or Atarax should not be used as a sole treatment of psychosis. In this case, the attending provider has seemingly posited, admittedly somewhat circuitously, that ongoing usage of hydroxyzine or Atarax, coupled with sertraline or Zoloft, has kept the applicant's mental health symptoms at bay, to some degree. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

RETRO: SERTRALINE HCL 50MG #60; 6/4/2012: 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), Mental Illness & Stress.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants may take weeks to exert their maximal effect. In this case, the attending provider has posited that ongoing usage of sertraline or Zoloft has attenuated the applicant's ongoing symptoms of depression, anxiety, and stress. While the documentation on file is admittedly circuitous, there is some reported benefit with the medication in question. Therefore, the request is medically necessary.

RETRO: EXTAZOLAM 2MG #30; 6/4/2012: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Mental Illness & Stress.

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

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, do state that anxiolytic medications may be appropriate for brief periods in cases of overwhelming symptoms which interfere with daily functioning so as to allow an patient a brief alleviation of symptoms so as to recoup emotional and physical resources, in this case, however, the attending provider has seemingly suggested that he intends to employ Estazolam, a benzodiazepine anxiolytic, for chronic, long-term, and scheduled use purposes. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request is not medically necessary.