MAXIMUS Federal Services

Case Number:	CM14-0011355		
Date Assigned:	02/21/2014	Date of Injury:	12/11/2001
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/28/2014

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 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:

The patient is a 45 year old male who was injured in December of 2001. The patient is apparently on Prozac 40 mg daily and Xanax 0.5 mg po TID. He is diagnosed with Major Depressive Disorder, single episode, moderate. He has been on these medications since 2012. The provider is requesting coverage for 6 monthly medication management sessions as well as 90 Xanax 0.5 mg daily. The requests have been modfied to 1 session from 1/1-4/1/2014 and 73 Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTROPIC MEDICATION SESSIONS 1 X MONTH X 6 MONTHS: 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 MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION (2004); CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION 2 PAIN INTERVENTIONS AND TREATMENTS, 24

Decision rationale: The above cited guideline indicates that frequency of visits is related to severity of symptoms. It is noted that the patient has been on the same medications for quite some time and there is no evidence that his condition has improved significantly or is likely to do so in the foreseeable future. His depression is noted as moderate and there is no indication of any acute severe symptoms which require monthly monitoring. The patient appears to have stabilized and his condition can be monitored on a maintenance basis. As such the requested 6 medication monitoring sessions over the course of 6 months should not be considered as medically necessary.

XANAX 0.5MG #90: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, SECTION 2 PAIN INTERVENTIONS AND TREATMENTS, 24

Decision rationale: The patient has been on Xanax for over a year. The above guideline indicates that benzodiazepines are not indicated for long term use and cites 4 weeks as a benchmark in terms of length of treatment. The patient has been on Xanax for a period of time which has far exceeded this period and as such the requested 90 Xanax 0.5 mg tablets is not medically necessary according to the MTUS.