MAXIMUS Federal Services

Case Number:	CM14-0019306		
Date Assigned:	04/21/2014	Date of Injury:	06/29/2011
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/14/2014

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 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 (IW) is a 65 year old female with a date of injury 6/29/2011. Per report from Psychologist dated 02/24/2014, IW is anxious and depressed, on most workdays. Her sleep is disturbed due to pain, worry and just waking up and she gets 4-5 hours of sleep. She continues to have nightmares, intrusive images and flashbacks related to assault at work, she is hypervigilant, startles easily. Current psychotropic regimen consists of Paxil 20 mg qam, Ativan 0.5 mg bid, Atarax 25 mg qhs and Restoril 30 mg qhs. Psychological testing revealed BDI score of 21(moderate level of depression), BAI score 24 (moderate level of anxiety), suicidal probablity score suggested subclinical level of suicide risk and MMPI-2 suggested moderate levels of depression. Per PR-2 from 10/31/2013, IW has been diagnosed with PTSD, Chronic; Insomnia type sleep disorder due to pain; Female hypoactive sexual desire disorder due to pain. QME report from 10/18/2012 indicated that IW has been taking paxil, ativan and restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION AND MEDICATION APRROVAL, 1 TIME A MONTH FOR 6 MONTHS: 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): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits.

Decision rationale: According to CA MTUS guidelines, the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ODG indicates that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for once monthly psychotropic medication management sessions for six months is excessive. The request does not indicate the reason why such frequent visits are needed even though the IW has been on the same regimen of medications for over 1.5 years. Additional information is needed to affirm medical necessity.

ATIVAN 0.5MG, #60: Upheld

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

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

Decision rationale: Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Ativan for over 1.5 years with no documented plan of taper. The MTUSguidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the medical necessity for 60 tablets of Ativan 0.5 mg cannot be affirmed.

ATARAX 25MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH, FDA- Atarax indications.

Decision rationale: MTUS and ODG are silent regarding the use of atarax. Per National Insitute of Health (NIH), Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. The effectiveness of hydroxyzine as an anti-anxiety agent for long term use, that is more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. The IW has been taking atarax on a long term basis. NIH recommends periodic assessment of the usefulness of the medication. The medical necessity of atarax 25 mg #30 cannot be affirmed at this time.

RESTORIL 30MG, #30: Upheld

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

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

Decision rationale: Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving benzodiazepines for over 1.5 years with no documented plan of taper. The MTUSguidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the medical necessity for 30 tablets of Restoril 30 mg cannot be affirmed.