MAXIMUS Federal Services

Case Number:	CM14-0125320		
Date Assigned:	08/11/2014	Date of Injury:	11/19/2012
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 Licensed 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 36-year-old male who was injured in November of 2012, at which time evidently one of his fingers was cut off. Apparently he returned to work in August of last year. However, he has had persistent symptoms of depression and anxiety. In June of this year he underwent a psychological evaluation. The psychologist diagnosed PTSD. Coverage has been requested for Prosom 2 mg, Lexapro 10 mg and two medication management visits. The request has been denied due to lack of medical necessity. This is an appeal of the previous request for Prosom 2 mg #30, refill times two, Lexapro 10 mg #30, refill times two and two medication management sessions from 6/27-9/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #30 with two refills per 6/27/14 request quantity: 90.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin re-uptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress-Summary of Medical Evidence.

Decision rationale: Lexapro is an SSRI. The patient was diagnosed with PTSD. ACOEM indicates that antidepressants may be helpful in cases of severe depression but is silent in regards to PTSD. The ODG indicates that SSRI's are strongly recommended as first line agents in patients with this condition. As such use of Lexapro is indicated according to the evidence based guidelines cited above. As such, the request is medically necessary.

Prosom 2mg #30 with 2 refills, per 6/27/14 request quantity: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain iInterventions and Treatments, page 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: The State of California MTUS indicate that benzodiazepines are not recommended for long term use and cite a time limit of 4 weeks a a best practice standard. The ODG indicates that sedative hypnotics are recommended for short-term use only. Given this information the request for a three month supply of Prosom does not appear to be medically necessary according to the above cited evidence based guidelines.

Medication Management, 2 sessions over the next three months per report 6/27/14 quantity: 2.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines Stress Related ConditionsOfficial Disability Guidelines Mental Illness & Stress (updated 04/09/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The above reference states that referral for medication evaluation may be worthwhile for patients on antidepressants. The MTUS and the ODG are silent in this regard. While this particular request is not specifically addressed, the fact that the patient is showing psychiatric symptoms and has been diagnosed with a potentially severe psychiatric condition, specialty follow up appears to be indicated and the frequency of requested visits is not out of line with current professional practice standards. As such the request for two medication management visits over a three month time period appears to be medically necessary and appropriate according to current evidence based best practice standards and expert consensus.