

Case Number:	CM14-0129096		
Date Assigned:	08/18/2014	Date of Injury:	04/29/2012
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 Adult 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 60 year old male who was injured in April 2012. The injury evidently was related to anxiety and stress while caring for his domestic partner. The patient is diagnosed with Depressive Disorder NOS and Generalized Anxiety Disorder. According to the records submitted he was on Zoloft, Klonopin and Risperdal. On 3/29 the Zoloft and Klonopin were discontinued and Paxil and Vistaril were begun. Klonopin was also discontinued. Current medications include Wellbutrin 150 mg daily, Paxil 40 mg daily, Trazodone 150 mg at hs, Vistaril 100 mg BID and Risperdal 2 mg q AM and 1 mg qhs. The provider has requested coverage for Wellbutrin XL 150 mg #30, Paxil 40 mg #30, Vistaril 100 mg #60, Risperdal 1 mg #90 and Trazodone 150 mg #30. Coverage for all but the Wellbutrin and Paxil were denied due to lack of medical necessity. This is an independent review of the previous denial of coverage for Vistaril, Risperdal and Trazodone in the above doses and quantities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril 100mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 2014 PDR.

Decision rationale: State of California MTUS, ACOEM and ODG are silent in regards to use of Vistaril and there are to the writer's knowledge no nationally recognized guidelines or professional standards on use of this medication. The FDA indicates this medication for anxiety states. Benzodiazepines are generally not recommended for long term use but Vistaril is not known to have addictive potential. There is no indication of contraindications to this medication and no potentially serious adverse interaction with the other medications the patient is taking. As such it appears to have an evidence based indication in this case in the absence of any relative or absolute contraindications and so should be considered as medically necessary.

Risperdal 1mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, note that this medication is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in ODG. There is no documentation of prior symptomatic or functional improvement. In addition, there is no documentation of failed first-line treatment for the patient's current condition.

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

Decision rationale: ACOEM guidelines state that continuation of an established course of antipsychotics is important despite their shortcomings. The records indicate the presence of auditory hallucinations, for which antipsychotic medication is indicated. The patient was already on this medication and its use appears to be clinically warranted. The data reviewed in sum appear to support medical necessity for this medication according to the evidence based guideline cited above as well as the individual clinical scenario. Therefore, this request is medically necessary.

Trazodone 150mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: It appears that the patient has had problems with adequate sleep. Sleep hygiene is important in the adequate treatment of psychiatric illnesses. The above cited reference indicates that sedating antidepressants may be an option for treating insomnia in patients with coexisting depression and Trazodone is commonly used to this end as an adjunct to other

antidepressant medications in clinical practice. Thus this medication should be considered as medically necessary according to current evidence based best practice standards and expert consensus as set forth in the ODG. Therefore, this request is medically necessary.