

Case Number:	CM14-0150408		
Date Assigned:	09/18/2014	Date of Injury:	10/31/2005
Decision Date:	10/31/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 is a 41-year-old female who reported an injury of unspecified mechanism on 10/31/2005. On 04/11/2014, her primary complaints included depression with sleep disturbance, lack of motivation, and changes in appetite, anxiety with excessive worry, restlessness, panic attacks, an inability to relax, and nausea. Her medications included Cymbalta 30 mg, Xanax 0.5 mg, Prozac 20 mg, and Lunesta 3 mg. She noted that there was improvement in her cognition and that she was able to concentrate and think more clearly. She also noted improvements in her social functioning and had become less irritable and less depressed. However she continued to endure sleep problems that would require a sleep aid such as Lunesta. The rationale continued that because of the improvement in her symptoms and because of the persistence of her symptoms she would require the above named medications. A Request for Authorization dated 04/04/2014 was included in this worker's chart. The Temazepam was not included in the Request for Authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Antidepressants.

Decision rationale: The request for Cymbalta 30 mg twice a day is not medically necessary. The California ACOEM Guidelines recommend that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximum effects, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Longstanding character issues, not depression, may be the underlying issue. The Official Disability Guidelines do recommend antidepressants although not generally as a standalone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients. Combined therapy including antidepressants plus psychotherapy was found to be more effective than psychotherapy alone. Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. There is no evidence in the submitted documentation that this worker was participating in any type of psychotherapeutic intervention. Additionally she did not have a diagnosis of severe depression. Furthermore, there was no quantity of medication specified in the request. Therefore this request for Cymbalta 30 mg twice a day is not medically necessary.

Fluoxetine 20mg BID for depression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress, Antidepressants.

Decision rationale: The request for fluoxetine 20 mg twice a day for depression is not medically necessary. The California ACOEM Guidelines recommend that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but because they may take weeks to exert their maximum effects, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Longstanding character issues, not depression, may be the underlying issue. The Official Disability Guidelines do recommend antidepressants although not generally as a standalone treatment. Antidepressants have been found to be useful in treating depression, including depression in physically ill patients. Combined therapy including antidepressants plus psychotherapy was found to be more effective than psychotherapy alone. Antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. There is no evidence in the submitted documentation that this worker was participating in any type of psychotherapeutic intervention. Additionally she did not have a diagnosis of severe depression.

Furthermore, there was no quantity of medication specified in the request. Therefore this request for fluoxetine 20 mg twice a day is not medically necessary.

Temazepam 15mg 1-2 QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Temazepam 15 mg 1 to 2 at bedtime is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. The guidelines do not support the use of this class of medications. Additionally there was no quantity included with the request. Therefore this request for Temazepam 15 mg 1 to 2 at bedtime is not medically necessary.

Alprazolam 0.5mg BID for anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Alprazolam 0.5 mg twice a day for anxiety is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance develops within weeks. The guidelines do not support the use of this class of medications. Additionally there was no quantity included with the request. Therefore this request for Alprazolam 0.5 mg twice a day for anxiety is not medically necessary.