

<b>Case Number:</b>	CM14-0172399		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	10/05/2006
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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:

Injured worker is a 57 year old female with date of injury 10/5/2006. Date of the UR decision was 10/7/2014. Report dated 5/31/2014 listed subjective complaints as major depression marked by flat affect, isolation, loss of interest in family and social involvement. Objective findings suggested that psychotherapy was helping her to maintain hope in her recovery process and by motivating her to focus on personal, social and family oriented goals. The injured worker was given diagnosis of Major Depressive Disorder, Single episode, moderate; Psychological factors affecting medical condition, Female hypoactive sexual desire disorder due to pain and Insomnia type sleep disorder due to pain. Report dated 7/28/2014 indicated that she was being prescribed Prozac 40 mg every morning for depression, Ativan 1 mg twice daily for anxiety, Ambien CR 12.5 mg at bedtime for insomnia. Report dated 8/1/2014 suggested that injured worker presented as being depressed, tearful and was able to sleep only 4 hours a day. Objective findings documented that she had been taking the medications for years and that it was medically necessary to continue the same. Per that report, the psychotropic medications prescribed for the injured worker were Prozac 40 mg every morning for depression #35, Ativan 1 mg twice daily for anxiety #70, Ambien CR 12.5 mg at bedtime for insomnia #35 and Atarax 25 mg at bedtime for anxiety #35.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management, 1 session per month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**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, Office visits Stress related conditions

**Decision rationale:** ODG states "Office visits: 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 determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. It has been indicated per report dated 8/1/2014 that injured worker presented as being depressed, tearful and was able to sleep only 4 hours a day. Objective findings documented that she had been taking the medications for years and that it was medically necessary to continue the same. Per that report, the psychotropic medications prescribed for the injured worker were Prozac 40 mg every morning for depression #35, Ativan 1 mg twice daily for anxiety #70, Ambien CR 12.5 mg at bedtime for insomnia #35 and Atarax 25 mg at bedtime for anxiety #35. The documentation suggests that the injured worker has been on the same medications for years. There is not clinical justification for why the injured worker would need monthly medication management sessions. Thus, the request is not medically necessary at this time.

**Atarax 25mg #35:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Drugs.com/hydroxyzine.html](http://Drugs.com/hydroxyzine.html)

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

**Decision rationale:** FDA states that 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 antianxiety 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 continued use of Atarax is not clinically indicated. Per report dated 8/1/2014, the psychotropic medications prescribed for the injured worker were Prozac 40 mg every morning for depression #35, Ativan 1 mg twice daily for anxiety #70, Ambien CR 12.5 mg at bedtime for insomnia #35

and Atarax 25 mg at bedtime for anxiety #35. She has been continued on several medications for anxiety and sleep for years per the documentation. The request for Atarax 25mg #35 is not medically necessary.