

Case Number:	CM14-0178471		
Date Assigned:	10/31/2014	Date of Injury:	09/26/2011
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 47-year-old female who has submitted a claim for depressive disorder associated with an industrial injury date of 9/26/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of stress, difficulty sleeping and anxiety. Patient reported that intake of medications allowed her to be more relaxed with better sleep quality. Most of the progress reports were handwritten and illegible. A handwritten mental status examination cannot be assessed. Treatment to date has included psychotherapy, and medications Atarax (since 2013), Zoloft in 2013, and Celexa (since May 2014). Utilization review from 10/9/2014 modified the request for Celexa 20 mg into Celexa 20 mg, #30 with 3 refills because patient presented with depression and anxiety associated with chronic pain and prescription of antidepressant may be necessary; and denied Atarax 50 mg, #13 because a request for 30 tablets of hydroxyzine was already approved on September 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Procedure, SSRIs (selective serotonin reuptake inhibitors) Pa.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, the patient has a known major depressive disorder. Celexa has been started since May 2014. However, response to medication use cannot be assessed because of illegible handwritten notes. The medical necessity cannot be established due to insufficient information. Moreover, the present request as submitted failed to specify quantity to be dispensed. Therefore, the request for Celexa 20mg is not medically necessary.

Atarax 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug summary - Hydroxyzine Hydrochloride Tablets <http://www.pdr.net/drug-summary/hydroxyzine-hydrochloride-tablets?druglabelid=741>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications in chronic pain; Weaning, opioids (specific guidelines).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, hydroxyzine may be used to control anxiety as an important part of chronic pain treatment. It can also be used to manage opioid withdrawal symptoms of insomnia and restlessness. In this case, patient complained of stress, difficulty sleeping and anxiety. Patient reported that intake of medications allowed her to be more relaxed with better sleep quality. She has been on hydroxyzine since 2013. However, there was no discussion concerning sleep hygiene. Specific functional improvement from medication intake cannot be determine due to illegible handwritten notes. The request likewise failed to specify quantity to be dispensed. Therefore, the Atarax 50 mg was not medically necessary.