MAXIMUS Federal Services

Case Number:	CM14-0021047		
Date Assigned:	06/11/2014	Date of Injury:	12/12/2011
Decision Date:	07/18/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/14/2014

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 Occupational Medicine 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:

On 10/14/13 the primary treating physician prescribed Trepadone (Sentra AM plus Fluoxetine), and Xanax for anxiety and depression. The report of that date is stated to be a psychiatric evaluation, although the specialty of the physician is listed as Family Practice. The chief complaints were insomnia and depression. The psychiatric findings include feeling depressed, flat affect, subdued manner, and soft vocal volume. The diagnosis is "severe anxiety" and depression. No other significant information was provided regarding any psychiatric disease, including a history of any such symptoms, treatment, etc. The treatment plan included Trepadone and Xanax. There was no discussion of Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAZODONE: 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): 391-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Mental and stress, Trazadone.

Decision rationale: Trazodone is a sedating antidepressant used for both sleep and depression. Since the treating physician did not mention this medication, medical necessity is not clear. As it has multiple indications, the treating physicians would need to have presented clear indications, diagnosis, and reasons for prescribing. Also, the request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. All antidepressants should be prescribed in a time-limited fashion with periodic monitoring of results. The Official Disability Guidelines recommends short term use only, if given for insomnia. Trazodone is not medically necessary based on lack of a sufficiently specific request, lack of any reports mentioning this medication, and the ODG recommendations.

FLUOXETINE: 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): 391-402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Foods, Sentra.

Decision rationale: The ACOEM Guidelines pages 391-396 discuss the approach to patients with possible "stress-related conditions". Important history and physical findings are outlined. There is practically none of this sort of information in the medical records provided for review. It is not possible to determine medical necessity for psychiatric treatment based on the very brief information presented. The requesting physician is expected to provide a sufficient account of signs and symptoms such that medical necessity is established. Although psychiatric conditions are often multifactorial and complex, the major factors can be outlined by a non-psychiatric physician. For example in this case, the physician diagnosed severe anxiety without providing any supporting information. The Fluoxetine was prescribed as a combination medication in the form of Trepadone. The treating physician provided no information about Trepadone or the other ingredient, Sentra AM. Medical necessity cannot be established in the absence of information about this preparation. Based on other sources, it appears that Sentra is alleged to treat sleep disorders and depression, and that there is no good medical evidence to support it. Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies on an industrial or non-industrial basis. Also, the request is for an unspecified quantity and duration of this medication. All antidepressants should be prescribed in a time-limited fashion with periodic monitoring of results. The Official Disability Guidelines recommends close monitoring of antidepressant medications. Fluoxetine is not medically necessary based on lack of a sufficiently specific request, the lack of evidence supporting Trepadone, and the guideline recommendations.

SENTRA AM: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and stress, Sentra.

Decision rationale: The treating physician provided no information about Trepadone or Sentra AM. Medical necessity cannot be established in the absence of information about this unusual and unorthodox preparation. Based on other sources, it appears that Sentra is alleged to treat sleep disorders and depression, and that there is no good medical evidence to support it. Medical foods, per the FDA definition, are for treatment of specific dietary conditions and deficiencies. No medical reports have established any specific dietary deficiencies on an industrial or non-industrial basis. Also, the request to Independent Medical Review is for an unspecified quantity and duration of this food supplement. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Any medication or food supplement should be prescribed in a time-limited fashion with periodic monitoring of results. The MTUS has no references to medical foods. The Official Disability Guidelines recommends against this medical food. Sentra AM is not medically necessary based on lack of a sufficiently specific request, the lack of evidence supporting Trepadone, and the guideline recommendations.

XANAX: 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): 391-402,Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain, Alprazolam.

Decision rationale: The ACOEM Guidelines pages 391-396 discuss the approach to patients with possible "stress-related conditions". Important history and physical findings are outlined. There is practically none of this sort of information in the available reports. It is not possible to determine medical necessity for a psychiatric diagnosis or treatment based on the very brief information presented. No information supports a diagnosis of anxiety. Xanax is not a treatment for depression. The treating physician is expected to provide a sufficient account of signs and symptoms such that medical necessity is established. Although psychiatric conditions are often multifactorial and complex, the major factors can be outlined by a non-psychiatric physician. The clinical evaluation was not sufficient to establish a diagnosis of anxiety. The request is also for an unspecified quantity and duration of this medication. Prescriptions for benzodiazepines, per the MTUS Chronic Pain Guidelines, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Benzodiazepines are not medically necessary when prescribed in this manner, as all benzodiazepines should be prescribed in a time-limited fashion with periodic monitoring of results, as recommended by the MTUS Chronic Pain Guidelines. Xanax is not medically necessary based on lack of a sufficiently specific request, lack of evidence that use is short term only, and the MTUS recommendations.