

<b>Case Number:</b>	CM14-0039095		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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:

This is a 42 year old female who was injured in October 2010 and who has been on Xanax and Zoloft for a diagnosis of Major Depressive Disorder. She is also in therapy. Evidently she has had chronic pain related to her work injury. She evidently had been on Wellbutrin in the past but this was discontinued and the Zoloft was instituted in January of this year. She has been on Xanax since at least that time although it is not clear how long she has been on this medication. The provider has requested coverage for Xanax 25 mg #30 with 4 refills and Zoloft 25 mg #30 with 4 refills. The request has been modified to 2 refills of the Zoloft and Xanax #22 with no refills. This represent an independent review of medical necessity for the original request for Zoloft 25 mg #30 and Xanax .25 mg #30 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 25mg #30 with four refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388 ,402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, antidepressants for the treatment of MDD (major depressive disorders).

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

**Decision rationale:** The above cited guideline indicates that a brief course of antidepressants is indicated. The patient has been on Zoloft since January of this year and was on Wellbutrin for an unknown period of time before that. The guideline does not specify a time course but the request seems unreasonable in view of the length of time the patient was on antidepressants and possibility of overutilization in the face of the above evidence based recommendation. Therefore, the request for Zoloft 25mg #30 with four (4) refills is not medically necessary and appropriate.

**Xanax 0.25 mg #30 with four refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Xanax (Alprazolam). Decision based on Non-MTUS Citation Official Disability guidelines, mental illness & Stress; Antidepressants for treatment of Major Depressive Disorder. Pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The rationale for Xanax is not clear from the materials provided. However the ACOEM does not recommend Benzodiazepines as a first line treatment for patients with Major Depression due to abuse potential and the MTUS cited above do not recommend them for long term use. As noted above the patient has been on Xanax for at least 6 months therefore, the request for Xanax 0.25 mg #30 with four (4) refills is not medically necessary and appropriate.