

Case Number:	CM14-0043827		
Date Assigned:	07/02/2014	Date of Injury:	08/02/2011
Decision Date:	08/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/10/2014

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:

The patient is a 59-year-old male who has submitted a claim for major depressive disorder, recurrent episode, severe, specified as with psychotic behavior; agoraphobia with panic disorder depression; and other pain disorder related to psychological factors associated with an industrial injury date of August 2, 2011. Medical records from 2012-2014 were reviewed. The patient complained of left knee pain. The pain radiates to the left leg with numbness. The pain was aching, burning and sharp. Physical examination showed that the patient has an anxious mood. Affect, orientation, behavior, memory, thought process, thought content, suicidality, and homicidality were unremarkable. A MRI of the left, dated September 27, 2011, revealed chondromalacia patella, Baker's cyst, tear of the posterior horn of the medial meniscus, and cartilaginous erosion in both compartments of the knee, more on the medial than the lateral side. Treatment to date has included medications, physical therapy, home exercise program, activity modification, and left total knee arthroplasty. Utilization review, dated March 6, 2014, modified the request for Ativan 1mg three times per day #90 with 4 refills to Ativan 1mg three times per day #90 with 2 refills because the medication helped the associated significant symptoms and there was a plan to address pain coping skills and weaning. The request for Viibryd 10mg at hour of sleep #90 with 4 refills was modified to Viibryd 10mg at hour of sleep #90 no refills because the patient was tolerating it well and patient would eventually be weaned from medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As noted on page 24 of the California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended 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 to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been on Ativan since July 2013 for anxiety and was discontinued on September 2013 since his left knee arthroplasty. A progress report dated February 6, 2014 states the patient was still anxious. It was also mentioned that the medication has been successful in controlling his symptoms prior to being operated on. The use of the medication may be necessary for the patient's anxiety. However, this medication is not recommended for long-term use and the present request of 4 refills would exceed this guideline. Therefore, the request for Ativan 1mg #90 with 4 refills is not medically necessary.

Viibryd 10mg tablet #90 with r refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13 Page(s): 13.

Decision rationale: Page 13 of the California MTUS Chronic Pain Medical Treatment Guidelines states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. In this case, the patient has been on Viibryd since February 2013 and was discontinued on September 2013 since his left knee arthroplasty. A progress report dated February 6, 2014 states the patient was still anxious. It was also mentioned that the medication has been successful in controlling his symptoms prior to being operated on. However, there was no mention that the patient was depressed. The medical necessity has not been established. Furthermore, the present request failed to specify the number of refills. Therefore, the request for Viibryd 10mg tablet #90 with r refills is not medically necessary.

