

<b>Case Number:</b>	CM14-0046472		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/01/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Child and Adolescent Psychiatry and is licensed to practice in . 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 injured worker is a 38 year old female who was injured at work on 1/1/2010. She was in the stock room attempting to lift a full tote of canned food, when she felt severe wrist pain. At a later date, she was reportedly sexually assaulted at her job. She developed severe chronic right shoulder pain radiating to the right arm with numbness and weakness, sleep interruption, left shoulder pain, mid and lower back pain with radiation into both buttocks and both thighs, as well as bilateral elbow pain with radiation into the wrists. She was treated with physical therapy, chiropractic care, massage, a TENS unit, as well as analgesic medication. After the reported sexual assault, later she developed symptoms of flashbacks, anxiety, frustration, irritability, dissociative states, depressed mood. She was diagnosed with Post-Traumatic Stress Disorder (PTSD) and Major Depression, Severe. She was prescribed the psychotropic medications Celexa, Buspar and Atarax. The 3/7/14 progress report noted that the injured worker was less irritated on her medications, but more anxious when off the medications. As of the 4/30/14 progress report by the treating physician, the injured worker has reported having suicidal thoughts as well as visual and auditory hallucinations when she was not on the prescribed psychotropic medications. The previous denial was based on the rationale that "there was no medical report submitted that would discuss the patient's history of injury, treatments rendered to date (including a discussion of the patient's medication history), recent psychological evaluation, and medications", and there is no record of any review of the progress reports dated 3/7/14-4/30/14 which detail psychological symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Refill Buspar 5 mg. 2 times per day for 30 days # 60 4 reills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Chapter Pain (chronic)/ Anxiety medications in chronic pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety Medications in chronic pain, (3) Post-Traumatic Stress Disorder (PTSD); (1) Generalized Anxiety Disorder (GAD).

**Decision rationale:** MTUS is not applicable. The ODG indicate that Buspar (Buspirone) is effective for the short term relief of anxiety symptoms for individuals diagnosed with Generalized Anxiety Disorder (GAD). However, the injured worker is not diagnosed with GAD, but with PTSD. Buspirone is not listed as evidence-based in the treatment of PTSD. While the previous UR decision was not made with the most recent psychological data from March-April 2014, nonetheless the request for Buspar would not be appropriate based on the guideline recommendation, and therefore not medically necessary. In addition, the request for 4 refills would be premature, as the dosage of the medication might undergo alteration in the future, necessitating a different number of pills, such that the request for 4 refills is not medically necessary.

**Atarax 10 mg. 2 times per day for 30 days # 60 4 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 Guidelines, Chapter Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain, (3) Post-Traumatic Stress Disorder (PTSD); (1) Generalized Anxiety Disorder (GAD).

**Decision rationale:** MTUS is not applicable. The ODG indicate that other medications that might be useful in the treatment of Generalized Anxiety Disorder (GAD) include Atarax (hydroxyzine), with a dose of 50mg per day, and is a non-FDA approved indication. However, it is not listed as an evidence-based treatment for the treatment of PTSD. The injured worker is not diagnosed with GAD but with PTSD. While the previous UR decision was not made with the most recent psychological data from March-April 2014, nonetheless the request for Atarax would not be appropriate based on the guideline recommendation, and therefore not medically necessary. In addition, the request for 4 refills would be premature, as the dosage of the medication might undergo alteration in the future, necessitating a different number of pills, such that the request for 4 refills would not be medically necessary.

**Celexa 40 mg. 1 time per day for 30 days # 30 4 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Anxiety medications in chronic pain, (3) Post-Traumatic Stress Disorder (PTSD).

**Decision rationale:** MTUS is not applicable. The ODG indicate that SSRIs are generally considered first-line agents in the treatment of PTSD. Celexa (Citalopram) is a medication in the SSRI (selective serotonin reuptake inhibitor) class. The treatment is recommended for at least 12 weeks as some individuals take over 8 weeks for a response to become apparent. The injured worker is diagnosed with PTSD, so that the prescription of Celexa is appropriate in that instance. It is important to realize that the previous UR decision was not made with the most recent psychological data from March-April 2014, so that the previous UR denial was not made with the most recent clinical information to guide the decision. Nonetheless, the request for 4 refills would be premature, as the dosage of the medication might undergo alteration in the future, necessitating a different number of pills, such that the request for 4 refills is not medically necessary.