

Case Number:	CM14-0048790		
Date Assigned:	06/25/2014	Date of Injury:	05/22/2001
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 54 year old male who was injured on 5/22/01. He was diagnosed lumbar disc displacement with degeneration and left radiculopathy, low back pain, and depression, panic disorder, and chronic pain syndrome with associated psychological factors. He was treated with conservative treatments for his back pain including oral medications, as well as epidural steroid injections and was also treated for his psychological condition with anti-depressants, benzodiazepines, and psychotherapy. He sees a psychiatrist for his depression and continues to use an anti-depressant daily for this, but also took benzodiazepines nightly for insomnia related to anxiety. The use of Lexapro specifically was reported to be helpful for the worker's symptoms of depression as well as panic attacks and anxiety, sleep, and appetite, according to the records available for review. He had been taking Lexapro as well as alprazolam for at least many months leading up to the request for refills. He saw his psychiatrist on 2/26/14 reporting inability to get his medications (Lexapro, Prilosec, Xanax, Ambien) due to lack of authorization and complained of poor sleep and impaired concentration. He was then prescribed quazepam for sleep to replace the Ambien as well as represcribed his Lexapro for depression, Prilosec, and Xanax for anxiety and panic (which often occurred at night).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress section, Anti-depressants for treatment of MDD (major depressive disorder).

Decision rationale: The MTUS recommends SSRIs such as Lexapro for secondary depression related to chronic pain. The ODG states that SSRIs are recommended as first-line therapy for major depressive disorder. It is unclear why the request was initially denied, but after reviewing the records available, the worker had clearly benefitted from using Lexapro for both his depression and anxiety, and therefore it is medically necessary, especially due to the fact that the benzodiazepines are not (see #2).

Alprazolam 0.25mg, with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section and insomnia treatment sections: sedative hypnotics.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. ODG states that sedative hypnotics (including quazepam, other benzodiazepines, zolpidem, and others) are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, it is clear that insomnia due to panic attacks and anxiety, which tends to happen at night, lead to the use of benzodiazepines to be prescribed. It is also unclear why he required two different benzodiazepines. However, they both are not recommended as a primary long-term strategy for his insomnia and therefore, the alprazolam is not medically necessary.

Quazepam (Doral) 15mg, with 6 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. ODG states that sedative hypnotics (including quazepam, other benzodiazepines, zolpidem, and others) are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, it is clear that insomnia due to panic attacks and anxiety, which tends to happen at night, lead to the use of benzodiazepines to be prescribed. It is also unclear why he required two different benzodiazepines. However, they both are not recommended as a primary long-term strategy for his insomnia and therefore, quazepam is not medically necessary.