MAXIMUS Federal Services

Case Number:	CM14-0064451		
Date Assigned:	06/11/2014	Date of Injury:	06/26/2011
Decision Date:	11/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/17/2014

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:

Patient is a 55 year-old female with date of injury 06/26/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/10/2012, lists subjective complaints as anxiety and depression. Objective findings: Patient presented with a defensive and emotional withdrawal, with visible anxiety and depressed expression behaviors. It was noted that the patient had fear, insecurity, worry, and irritability emotions. Diagnosis: 1. Depression 2. Anxiety 3. Sleep disturbances. The medical records supplied for review were insufficient to be able to determine how long the patient has been prescribed the following medication. No SIG was provided.Medications: 1. Hydroxyzine HCL 2mg2. Sertraline HCL 50mg3. Estazolam 2mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL 2mg: 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) Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment

Decision rationale: Hydroxyzine (Vistaril, Atarax) is a first-generation antihistamine of the diphenylmethane and piperazine class. The Official Disability Guidelines state at hydroxyzine is used to treat anxiety disorders and allergic conditions, especially those that involve the skin, and as a sleep aid. Although sedating antihistamines have been suggested for sleep aids, tolerance seems to develop within a few days. Next-day sedation has been noted as well as impaired psychomotor and cognitive function. For chronic insomnia, a combined approach of medication and cognitive behavioral therapy is recommended; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The ODG states that patients do better in the long term if medication is stopped after 6 weeks. The patient has been taking hydroxyzine for greater than 6 weeks. Hydroxyzine HCL 2mg is not medically necessary.

Retrospective Sertraline HCL 50mg - 6/4/12: 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) Mental Illness & Stress

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

Decision rationale: The MTUS states that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking estazolam for an extended period of time. Retrospective Sertraline HCL 50mg - 6/4/12 is not medically necessary.

Retrospective 30 Estazolam 2mg - 6/4/12: 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) - Chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: Sertraline (trade names Zoloft, Lustral) is an antidepressant of the selective serotonin reuptake inhibitor (SSRI) class. The MTUS recommends antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, but tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. There is no documentation in the medical record that tricyclics have been

ineffective, poorly tolerated, or contraindicated. Retrospective 30 Estazolam 2mg - 6/4/12is not medically necessary.