

Case Number:	CM14-0074314		
Date Assigned:	07/16/2014	Date of Injury:	10/28/2010
Decision Date:	08/14/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 & Adolescent 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 injured worker is a 51 year old female who was threatened by a reported gang member student while working as a teacher's aide on date of injury 10/28/2010. She reported subsequently feeling fearful, crying, not sleeping, having nightmares, intrusive thoughts, anxiety, depressed mood, irritability, difficulty concentrating and difficulty organizing her thoughts. She underwent regular individual psychotherapy by a psychologist until the death of the provider in February 2013. Since then, she has been seeing another psychologist. She is also prescribed the psychotropic medications which includes Zoloft, Trazodone and Ativan. As of the most recent documented psychiatric evaluation dated 3/21/14, the injured worker was described as having continued depressed mood, and anxiety, but much less so, compared to before treatment was initiated. The prescribed medications were documented to be helpful in reducing her mental health symptoms. A prior certification was approved from 3/21/14 for one month of ongoing psychotropic medications Zoloft and Trazodone, but not for Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 50mg QTY:1: Overturned

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

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 and Stress Antidepressant Treatment.

Decision rationale: The Official Disability Guidelines (ODG) indicate that antidepressant medication is shown to be effective in the treatment of Major Depression. In the presence of a documented treatment plan, with monitoring of progress, treatment goals, and assessment of the medication being effective in reducing symptoms, then continued treatment is appropriate. In this case, the injured worker is diagnosed with Major Depression, and had documented symptom improvement on this medication as of the 3/21/14 evaluation. Prior certification was given for a 30 day supply of medication from March 2014. The last progress note is dated 3/21/14. There are no subsequent psychiatric progress notes to indicate whether the injured worker continues to benefit from the medication, and the absence of this was the rationale for the subsequent non-certification. However, it is not recommended to suddenly stop antidepressant medication, as this can be detrimental to the mental health of the injured worker, so that an emergency supply of one pill to help maintain stability until a new psychiatric progress report is made available would be appropriate. Therefore, the request for Zoloft 50 mg, quantity 1 is medically necessary and appropriate.

Trazodone 50mg QTY:1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress, Insomnia.

Decision rationale: MTUS is not applicable. The ODG indicates that sedating antidepressant medications such as Trazodone serve a useful and appropriate purpose in the treatment of insomnia, which in turn can help alleviate mental health symptoms and enable sooner return of functionality and work capability. Trazodone has the advantage of not being associated with the dependency risks associated with other sleeping aids. As in the case for Zoloft, the last psychiatric progress note is dated 3/21/14, which demonstrated continued benefit of this medication for the injured worker's insomnia treatment. However, as there are no subsequent progress notes provided, there is no subsequent clinical evidence of continued successful use of Trazodone. In the absence of this information, the prior UR denial was issued. However, as with Zoloft, it is not recommended to suddenly stop psychotropic medications, so that an emergency issue of 1 tablet can help prevent sleep dysfunction while an updated psychiatric progress report is made available for review, and on this basis alone the prior UR decision should be reversed.

Ativan 5mg QTY:1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress Benzodiazepine Treatment.

Decision rationale: The Official Disability Guidelines (ODG) indicates that short term use of benzodiazepines, such as Ativan, can be helpful in alleviating anxiety. But longer term use is not supported by the medical literature, and is not recommended due to the risk of dependence, and of lessened clinical efficacy. On this basis, the prior UR decision was issued, and the denial should be upheld at this time also, as the injured worker has not received Ativan since the prior denial for at least 30 days, and is therefore after 30 days not potentially at risk of any significant withdrawal reaction. There is no clear and compelling rationale for the medical necessity for 1 tablet at the present time. Therefore, the request for Ativan 5 mg quantity 1 is not medically necessary and appropriate.