

Case Number:	CM14-0203378		
Date Assigned:	12/24/2014	Date of Injury:	11/08/2012
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented [REDACTED] employee who has filed a claim for chronic neck, hand, shoulder, and middle finger pain with resulting complaints of depression and anxiety reportedly associated with an industrial injury of November 8, 2012. In a Utilization Review Report dated November 13, 2014, the claims administrator partially approved requests for lorazepam and Fetzima while denying temazepam outright. The claims administrator referenced a progress note of October 10, 2014 in its rationale. The applicant's attorney subsequently appealed. In a December 5, 2014 psychiatric medical-legal evaluation, the applicant was described as having responded favorably to earlier psychological treatment. The applicant had apparently taken a new position at UPS on a part-time basis. The applicant was apparently fearful of dogs. The applicant had apparently alleged issues with depression and anxiety secondary to having been assaulted by a dog. The applicant was given a Global Assessment of Function (GAF) of 68. In a July 1, 2014 progress note, the applicant was described as having issues with posttraumatic stress disorder, again attributed to dog exposure. The applicant was working 27 hours a week. The applicant still had residual psychological constraints. The applicant had experienced significant loss of income associated with her having taken alternative employment elsewhere. The applicant's medication list was not clearly detailed. Multiple psychology and psychiatry progress notes, referenced above, did not detail the applicant's medication list. In a handwritten note dated August 10, 2014, the applicant was described as having issues with depression, panic attacks, and sleeplessness. The applicant was given Fetzima, Restoril, and Ativan, it was acknowledged as of that point in time. In a June 8, 2014

progress note, the applicant was described as having issues with fatigue, anxiety, depression, and poor appetite. The applicant was using Fetzima, Restoril, and Ativan, it was stated at that point in time. The applicant was reportedly off of work, on total temporary disability, it was stated on that date. In an earlier note of July 3, 2014, the applicant was using Fetzima, Restoril, and Ativan as of that point in time. In a September 30, 2014 progress note, it was stated that the applicant was improving, and that her depression and anxiety were diminished. The applicant was still had a phobia associated with dog exposure, it was acknowledged. It was stated that Fetzima had helped the applicant return to and maintain part-time work status for UPS. The applicant was reportedly using Restoril and Ativan for anxiolytic and/or sedative effect. The applicant was working at night, generating some further issues with sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lorazepam 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the applicant and/or the treating provider are apparently intent on implying Ativan for chronic, long-term, and/or daily use purposes, for sedative and/or anxiolytic effects. This is not an ACOEM-endorsed role for Ativan, a Benzodiazepine anxiolytic. It is further noted that the attending provider has likewise failed to outline a compelling basis for concurrent provision of two separate anxiolytic medications, Lorazepam and Temazepam. Therefore, the request was not medically necessary.

Retro Temazepam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or the applicant appear intent on employing Temazepam (Restoril) for chronic, long-term, and/or scheduled use purposes, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for the same. It is further noted that the attending provider has failed to outline a compelling

basis for concurrent provision of two separate anxiolytic agents, Temazepam (Restoril) and Lorazepam (Ativan). Therefore, the request was not medically necessary.

Fetzima 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Fetzima Medication Guide.

Decision rationale: As noted by the Food and Drug Administration (FDA), Fetzima is an SNRI antidepressant indicated in the treatment of major depressive disorder as was/is present here. The MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Fetzima may be helpful to alleviate symptoms of depression, as were/are present here. Here, the treating provider has posited on several progress notes, referenced above, that usage of Fetzima has attenuated the applicant's depressive symptoms, to a considerable degree. The applicant has returned to and maintained part-time work status at UPS. The applicant's mood has reportedly been augmented, to some extent, following introduction of Fetzima. Continuing the same, on balance, was therefore indicated. Therefore, the request was medically necessary.