

<b>Case Number:</b>	CM14-0217239		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 48-year-old female, who sustained an industrial injury on 7/3/12. She reported neck pain and extreme anxiety. The injured worker was diagnosed as having major depressive disorder, panic disorder with agoraphobia and psychophysiological gastrointestinal reaction. Treatment to date has included oral medications including Doxepin, Valium and Buspar and weekly cognitive behavioral individual and/or group psychotherapy. Currently, the injured worker complains of psychiatrically based impairments of sleep, energy, concentration, memory, emotional control and stress tolerance. The physician stated the objective findings were consistent with the subjective findings. The treatment plan included refills of oral medications including Valium and Doxepin and continuation of psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of valium 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are major depressive disorder; panic disorder with agoraphobia; and psychophysiological G.I. reaction. The primary care provider is a psychologist. The medications are supervised, monitored and prescribed by a board-certified psychiatrist. The request for authorization is dated in this September 4. Subjectively, pursuant to a September 14, 2014 progress note, the treating provider indicates psychiatrically based impairments our sleep, energy, concentration, memory, emotional control and stress tolerance. Objectively, findings are "consistent with subjective findings." There are no objective findings noted. The documentation does not contain evidence of objective functional improvement with ongoing Valium 5 mg. The treatment plan refills Valium 5 mg #30 and it was September 11 Doxepin 50 mg #270. Consequently, absent clinical documentation with evidence of objective functional improvement along with detailed subjective and objective clinical findings, Valium 5 mg #30 is not medically necessary.

**270 Capsules of Doxepin 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant Page(s): 13, 16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Anti-Depressants and Other Medical Treatment Guidelines <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682390.html>.

**Decision rationale:** Pursuant to Medline plus, Doxepin 50 mg has take 270 is not medically necessary. Doxepin is a tricyclic antidepressant. Doxepin is used to treat depression and anxiety. For additional details see the attached link. In this case, the injured worker's working diagnoses are major depressive disorder; panic disorder with agoraphobia; and psychophysiological G.I. reaction. The primary care provider is a psychologist. The medications are supervised, monitored and prescribed by a board-certified psychiatrist. The request for authorization is dated December 11, 2014. Subjectively, pursuant to a September 14, 2014 progress note, the treating provider indicates psychiatrically based impairments our sleep, energy, concentration, memory, emotional control and stress tolerance. Objectively, findings are "consistent with subjective findings." There are no objective findings noted. The documentation does not contain evidence of objective functional improvement with ongoing Doxepin 50 mg. The treatment plan refills Valium 5 mg #30 and Doxepin 50 mg #270. Consequently, absent clinical documentation with evidence of objective functional improvement along with detailed subjective and objective clinical findings, Doxepin 50 mg #270 is not medically necessary.

