

<b>Case Number:</b>	CM15-0007768		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/26/1987
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 3/26/1987. The current diagnoses are major depressive disorder and chronic pain. On the progress report dated 11/3/2014, the injured worker stated "I'm not doing well" and "constipated." No specific complaints were noted. Treatment to date has included medications. The treating physician is requesting Oxazepam 10mg #90 and Lexapro 20mg #90 with 2 refills, which is now under review. On 12/22/2014, Utilization Review had non-certified a request for Oxazepam 10mg #90 and Lexapro 20mg #90. The medications were modified to Oxazepam #30 and Lexapro with no refills. The California MTUS Chronic Pain and Non-MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxazepam 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682050.html>

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

**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. In the case of this worker, the exact indication for the oxazepam is not clearly documented, but seems to be for his mood. The records show that the provider recommended he reduce his use of this medication (weaning), however, this recent request was for the original dosage from months prior, which isn't consistent with the documented plan. Since discontinuing in the form of weaning is appropriate and recommended considering this medication type, the request for 10 mg #90 will be considered medically unnecessary, since a lower dose should have been utilized by now.

**Lexapro 20mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, the use of Lexapro was not clearly commented on in the documentation regarding how effective it was. It was reported in more than one note, however, that the worker had an "ok mood" with the then current medications, which were not listed outright in the documentation. Therefore, without more clear and specific documentation commenting on the measurable functional outcome directly related to the Lexapro, it will be considered medically unnecessary to continue. Also, the number of pills and refills (duration of 9 months) is longer than needed, considering the worker will be seeing the provider prior to this time duration.