

Case Number:	CM15-0133617		
Date Assigned:	07/21/2015	Date of Injury:	08/14/2006
Decision Date:	08/31/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/10/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female with an industrial injury dated 01/01/1997-08/05/2009 (cumulative trauma). Her diagnoses included adjustment disorder with mixed anxiety and depressed mood and bilateral hand pain. Prior treatment included hand surgery. She presents on 02/18/2015 (most current record before UR decision) with complaints of pain in her hands and a low energy level. She also had disturbance in her sleep and appetite. Speech was fluent. Her attitude was cooperative. She maintained good eye contact. She described her mood as depressed. She exhibited no evidence of auditory or visual hallucinations, delusions or illusions. Her thought processes were linear, tight and goal directed with no loosening of associations, flight of ideas or racing thoughts. The provider documents the following: The injured worker has symptoms of depression that should be addressed if she is to return to the work force. Emotional and psychological symptoms along with physical problems have interfered with major life and personal functions. Future employment, professional functioning and productivity are immobilized to some degree unless her prior activity level and emotional states can be restored. The requested treatments are Ambien 10 mg #60, Hydroxyzine 25 mg #270, Lexapro 10 mg #90 and follow up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10mg #90: Upheld

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 & Stress, Antidepressants for treatment of MDD, Mental Illness & Stress, Escitalopram (Lexapro).

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Lexapro is recommended as a first-line treatment option for MDD and PTSD. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) With regard to medication history, the medical records do not indicate how long the injured worker has been using this medication. Per psychological comprehensive examination dated 2/18/15, on the Raskin-Covi Scales, the injured worker obtained a Depression score of 6, which does not suggest significant depression and an Anxiety score of 6, which does not suggest significant anxiety. As Lexapro is not recommended for mild symptoms, the request is not medically necessary.

Hydroxyzine 25mg #270: Upheld

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
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0023966/>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of hydroxyzine. Per the US National Library of Medicine, Hydroxyzine treats anxiety, nausea, vomiting, allergies, skin rash, hives, and itching. May also be used with anesthesia for medical procedures. With regard to medication history, the medical records do not indicate how long the injured worker has been using this medication. Per psychological comprehensive examination dated 2/18/15, on the Raskin-Covi Scales, the injured worker obtained a Depression score of 6, which does not suggest significant depression and an Anxiety score of 6, which does not suggest significant anxiety. As the injured worker has only mild anxiety, the request is not medically necessary.

Ambien 10mg #60: Upheld

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) Pain (Chronic), Zolpidem (ambien).

Decision rationale: The MTUS is silent on the treatment of insomnia. With regard to Ambien, the ODG guidelines state "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term." The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.

Follow up office visit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The medical necessity of the requested follow-up has not been sufficiently established by the documentation available for my review. The documentation does not specify what the follow up visit will address. The request is not medically necessary.