

Case Number:	CM15-0142432		
Date Assigned:	08/04/2015	Date of Injury:	08/01/2012
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on August 1, 2012. Several documents included in the submitted medical records are difficult to decipher. She reported cumulative trauma injuries of the wrists. The injured worker was diagnosed as having a depressive disorder, not otherwise specified and panic disorder without agoraphobia. On October 23, 2013, psychological testing revealed the injured worker was experiencing clinical symptoms of anxiety and depression. Treatment to date has included psychotherapy and medications including hypnotics, anti-anxiety, and antidepressant. Other noted dates of injury documented in the medical record include: 2000 and April 2012. There were no noted comorbidities. On June 22, 2015, the injured worker reported anxiety, tension, quick temper, and depression most of the time; occasional crying episodes; daily feelings that life is not worth living; occasional suicidal ideation without any plan or intent to harm herself at this time; insomnia due to pain and worry; random panic attacks; low appetite and weight; low energy level; and low sociability. She reported she is somewhat better mentally with a good treatment response. The mental status exam revealed a serious somewhat tense and dysphoric mood; occasional smiling; and good spontaneity, focus, and eye contact. She was well-focused and answered questions promptly. She denied psychotic symptoms or thoughts of harming herself or others. Her insight and judgment were intact without impaired reality testing. The treatment plan includes Xanax, Halcion, and Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Fluoxetine 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: The patient presents with anxiety, tension, irritability, depression, and insomnia, secondary to chronic pain. The current request is for Pharmacy purchase of Fluoxetine 40mg #30. The treating physician report dated 6/22/15 (17B) notes that the current request for Fluoxetine is to help treat the patient's depression. The MTUS page 13 states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." The medical reports provided show the patient has been taking Prozac since at least 1/19/15 (67B). In this case, while the patient does suffer from neuropathic pain and depression, the physician has failed to document any functional improvement with the use of Prozac as required by the MTUS guidelines on page 60. The current request is not medically necessary.

Pharmacy purchase of Xanax 1mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with anxiety, tension, irritability, depression, and insomnia, secondary to chronic pain. The current request is for Pharmacy purchase of Xanax 1mg #90. The treating physician report dated 6/22/15 (17B) notes that the current request for Xanax is to help treat the patient's anxiety and panic attacks. The MTUS guidelines page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical reports provided show the patient has been taking Xanax since at least 3/16/15 (52B). In this case, the current request for Xanax is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.

Pharmacy purchase of Halcion 0.25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with anxiety, tension, irritability, depression, and insomnia, secondary to chronic pain. The current request is for Pharmacy purchase of Halcion 0.25mg #60. The treating physician report dated 6/22/15 (17B) notes that the current request for Halcion is to help treat the patient's insomnia. The MTUS guidelines page 24 states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical reports provided show the patient has been taking Halcion since at least 5/18/15 (27B). In this case, the current request for Halcion is outside the 4 weeks recommended by the MTUS guidelines. The current request is not medically necessary.