

Case Number:	CM15-0142541		
Date Assigned:	08/03/2015	Date of Injury:	04/11/2000
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 66-year-old female who sustained an industrial injury on 04-11-2000. Diagnoses include major depressive disorder, recurrent, without psychotic behavior. Treatment to date has included medications, individual psychiatric therapy and widows' support group attendance at church. According to the progress notes dated 6-1-2015, the IW reported she was not able to cut her Ambien in half. She was taking her medications on time, but was not able to decrease any of them. She was trying to decide what to do with her house; she was having it appraised. She was having issues with payment for her medications and had gone to court. She reported her moods were pretty good. She was still sleeping in a chair, not the bed, but reported sleeping fairly well. She was attending church. The anniversary of her husband's death had just passed (he was killed in a motorcycle accident). She was still going to get the mail. There was a reference to a recent occurrence with her neighbors and a sore spot on her dog. On examination, she was fully oriented and her speech was within normal limits. Her mood was described as "full". She was dressed in shorts, which showed her tattoos. Her judgment, memory, thought content and thought processes were stable. A request was made for Hydroxyzine Pamoate 50mg with 3 refills; Geodon 40mg with 3 refills; and Benztrapine Mesylate 1mg with 2 refills, which were her usual medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine Pamoate 50 mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Anxiety medications in chronic pain.

Decision rationale: The claimant sustained a work injury in April 2000 and continues to be treated for chronic pain and major recurrent depressive disorder. She also has a diagnosis of type II bipolar disorder and generalized anxiety disorder. When seen, she had been unable to decrease her medications. She was continuing to sleep in a chair. Medications were refilled. Hydroxyzine is used to treat anxiety disorders in patients with chronic pain. It is not considered as a first line treatment. In this case, the claimant was diagnosed with anxiety in May 2015. There is no evidence of failure of other medications or of nonpharmacological treatment including cognitive behavioral therapy. This medication is not medically necessary.

Geodon 40 mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Atypical antipsychotics and Other Medical Treatment Guidelines Ziprasidone Prescribing Information.

Decision rationale: The claimant sustained a work injury in April 2000 and continues to be treated for chronic pain and major recurrent depressive disorder. She also has a diagnosis of type II bipolar disorder and generalized anxiety disorder. When seen, she had been unable to decrease her medications. She was continuing to sleep in a chair. Medications were refilled. Geodon (ziprasidone) is an atypical antipsychotic indicated for the treatment of schizophrenia, as monotherapy of manic or mixed episodes associated with bipolar I disorder, or as maintenance treatment of type I bipolar disorder as an adjunct to lithium or valproate. In this case, the claimant has type II bipolar disorder. In terms of major depressive disorder, adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults. The benefits in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Therefore, this medication was not medically necessary.

Benzotropine Mesylate 1 mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cogentin Prescribing Information.

Decision rationale: The claimant sustained a work injury in April 2000 and continues to be treated for chronic pain and major recurrent depressive disorder. She also has a diagnosis of type II bipolar disorder and generalized anxiety disorder. When seen, she had been unable to decrease her medications. She was continuing to sleep in a chair. Medications were refilled. Bzotropine mesylate (Cogentin) is indicated as an adjunct in the therapy of all forms of Parkinson's disease and used in the control of extrapyramidal disorders due to neuroleptic drugs. In this case, there is no history of adverse medication side effects from the medications being prescribed and the claimant does not have Parkinson's disease. The request is not medically necessary.