

<b>Case Number:</b>	CM15-0160183		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	10/05/2002
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 56 year old female who sustained an industrial injury on 10-5-02. Her initial complaints were not available for review. However, the record indicates that "approximately 12 years ago, she was turning heavy equipment and broke her sternum." The 3-2-15 progress note states that the fractured sternum "went undiagnosed for nine months until it healed wrong." It states that "initially, her sternum was wired back together." However, it was noted that the "wire broke taking off part of the bone with it" upon a mammogram completed "soon after the surgery." The report indicates that she was seen by two separate providers, who have informed her that there was nothing more that could be done. She has had chronic pain and received oxycodone and a "combination of other medications." The report indicates that she was on Celebrex "for years." However, this was discontinued and she was started on Naproxen. The injured worker requested to "go back on" Celebrex on 3-2-15. Her medication list at that time included Effexor XR 78mg by mouth daily, Effexor XR 150mg by mouth daily, Lidoderm 5% patch 1-3 patches apply on the skin daily, amitriptyline 10g by mouth twice daily at 2 AM and 3 PM for nerve pain and sleep, Oxycodone 15mg by mouth every 4-6 hours around the clock, Triazolam 0.25mg by mouth at bedtime, Thermacare bandage 1 application on the skin daily, Naproxen 500mg by mouth twice daily, Colace 100mg 3 tabs by mouth nightly, and Lovastatin 20mg by mouth daily. Her diagnoses were noted to include chondrosternal sprain and chest wall pain. The treatment recommendations were to renew her current medications, as well as prescribe Celebrex 200mg once daily. The record states "Her independent medical examination

indicates that this should be approved so hopefully we will have no difficulties with it." This report is unavailable for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Triazolam 0.25 mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p 24 regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication long term. As the treatment is not recommended for long term use, the request is not medically necessary. Furthermore, the request for 3 month supply is not appropriate. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.

**Venlaxine 75 mg and 150 mg x 3 month supply:** Overturned

**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, Antidepressants for treatment of MDD.

**Decision rationale:** The MTUS is silent on the treatment of major depressive disorder. 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) I respectfully disagree with the UR physician, the request is indicated for the injured worker's depression. The request is medically necessary.

