

<b>Case Number:</b>	CM15-0167243		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	10/16/2000
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Texas, Florida

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 52 year old male, who sustained an industrial injury on 8-5-15. The diagnoses have included major depressive disorder, generalized anxiety disorder, psychological factors affecting medical condition, insomnia, neck and lumbar pain. Treatment to date has included medications and psychiatric. Currently, as per the physician progress note dated 7-17-15, the injured worker presents for medications management for persistent symptoms of depression, anxiety and stress related medical complaints arising from a stress related injury to the psyche. He reports depression, change in appetite, lack of motivation, difficulty getting to sleep, decreased energy, pessimism, diminished self-esteem, weight loss, palpitations, disturbing memories, increased pain, hearing voices, and suspicion. There was significant past history of suicidal ideation and attempts. The improved symptoms and function reveals better concentration, sleeping better, gets along better, interest in activities, less fatigued, less depressed, less nervous and less panicky. The physician notes that the treatment plan is to continue with the medications. The objective findings physical exam reveals visible anxiety, soft-spoken, and pressured. The other medications listed are Celebrex, Neurontin, Viagra, omeprazole and buprenorphine. The physician requested treatments included Atarax 50mg #60 with 2 refills, Celexa 40mg #30 with 2 refills, Temazepam 15mg #60 with 2 refills and Xanax 0.5mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Atarax 50mg #60 with 2 refills: 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), Pain (Chronic) - Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Psychiatric medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-anxiety and antidepressant medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The presence of significant psychiatric disorders can be associated with decreased efficacy and compliance with PT, surgery and interventional pain procedures. There is increased incidence of adverse drug interaction with psychiatric and sedative medications. The records indicate that the patient is utilizing multiple anxiolytics, antidepressant, antipsychotics and pain medications concurrently. The utilization of chronic anti-anxiety and sedative medications can be associated with the development of tolerance, dependency, sedation, addiction and daytime somnolence. The guidelines require documentation of continual medications requirements, efficacy, compliance, UDS and functional restoration before refills of sedative medications. The records indicate that the patient had a significant history of unstable psychosomatic symptoms including suicidal ideation and suicide attempts. The criteria for the use of Atarax 50mg #60 with 2 refills were not met.

**Celexa 40mg #30 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Antidepressants for treatment of MDD (Major depressive disorder).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Behavioral interventions, Medications for chronic pain, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-anxiety and antidepressant medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The presence of significant psychiatric disorders can be associated with decreased efficacy and compliance with PT, surgery and interventional pain procedures. There is increased incidence of adverse drug interaction with psychiatric and sedative medications. The records indicate that the patient is utilizing multiple anxiolytics,

antidepressant, antipsychotics and pain medications concurrently. The utilization of chronic anti-anxiety and sedative medications can be associated with the development of tolerance, dependency, sedation, addiction and daytime somnolence. The guidelines require documentation of continual medications requirements, efficacy, compliance, UDS and functional restoration before refills of sedative medications. The records indicate that the patient had a significant history of unstable psychosomatic symptoms including suicidal ideation and suicide attempts. The criteria for the use of Celexa 40mg #30 with 2 refills were met.

**Temazepam 15mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Failure, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Medications for chronic pain, Psychological treatment, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-anxiety medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The presence of significant psychiatric disorders can be associated with decreased efficacy and compliance with PT, surgery and interventional pain procedures. There is increased incidence of adverse drug interaction with psychiatric and sedative medications. The records indicate that the patient is utilizing multiple anxiolytics, antidepressant, antipsychotics and pain medications concurrently. The utilization of chronic anti-anxiety and sedative medications can be associated with the development of tolerance, dependency, sedation, addiction and daytime somnolence. The guidelines require documentation of continual medications requirements, efficacy, compliance, UDS and functional restoration before refills of sedative medications. The records indicate that the patient had a significant history of unstable psychosomatic symptoms including suicidal ideation and suicide attempts. The criteria for the use of Temazepam 15mg #60 with 2 refills were not met.

**Xanax 0.5mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Anxiety medications in chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Medications for chronic pain, Psychological treatment, Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-anxiety medications can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The presence of significant psychiatric disorders can be associated with decreased efficacy and compliance with PT, surgery and interventional pain procedures. There is increased incidence of adverse drug interaction with psychiatric and sedative medications. The records indicate that the patient is utilizing multiple anxiolytics, antidepressant, antipsychotics and pain medications concurrently. The utilization of chronic anti-anxiety and sedative medications can be associated with the development of tolerance, dependency, sedation, addiction and daytime somnolence. The guidelines require documentation of continual medications requirements, efficacy, compliance, UDS and functional restoration before refills of sedative medications. The records indicate that the patient had a significant history of unstable psychosomatic symptoms including suicidal ideation and suicide attempts. The criteria for the use of Xanax 0.5mg #60 with 2 refills were not met.