

Case Number:	CM15-0181916		
Date Assigned:	09/28/2015	Date of Injury:	12/06/2010
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/15/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 male, who sustained an industrial-work injury on 12-6-10. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, general anxiety disorder and major factors affecting medical condition. Medical records dated 8-20-15 indicate that the injured worker complains of depression, change in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, panic attacks, inability to relax, pressure, chest pain, nausea, disturbing memories, re-living the trauma, tension headache, increased pain and dizziness. The improvement is symptoms were that he can now sleep better due to the medications and spends less time in bed. Per the treating physician, report dated 7-16- 15 the work status is temporary total disability. The physical exam dated 8-20-15 reveals he is soft-spoken, has depressed facial expression, and visible anxiety. Treatment to date has included medications, psyche care and other modalities. The treating physician indicates that the urine drug test result dated 9-2-15 was inconsistent with the medication prescribed and the urine drug screen dated 6-11-15 was consistent with the medication prescribed. The request for authorization date was 8-20-15 and requested services included Venlafaxine XR #90, Buspar 15mg #60, Clonazepam 0.5mg 1 tab three times a day #90 and Citalopram 40mg #30. The original Utilization review dated 9-8-15 partially-certified the requests for Buspar 15mg #30, Clonazepam 0.5mg 1 tab three times a day #45 and Citalopram 40mg #15 for weaning. The request for Venlafaxine XR #90 was non-certified, as a dose was not provided to aid in the weaning schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine XR #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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker has been diagnosed with major depressive disorder, general anxiety disorder and major factors affecting medical condition. Per the most recent progress report dated 8/20/2015 indicate that the injured worker complains of depression, change in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, panic attacks, inability to relax, pressure, chest pain, nausea, disturbing memories, re-living the trauma, tension headache, increased pain and dizziness. The request for Venlafaxine XR #90 is not medically necessary, as the injured worker has not achieved medical stability with the ongoing treatment with Venlafaxine.

Buspar 15mg #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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain/ Anxiety medications in chronic pain.

Decision rationale: Per ODG guidelines with regard to anxiety medications in chronic pain: "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below." Buspirone (Buspar, generic available): also approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. The injured worker has been diagnosed with major depressive disorder, general anxiety disorder and major factors affecting medical condition. Per the most recent progress report dated 8/20/2015, indicate that he continues to be symptomatic. The request for Buspar 15 mg #60 is excessive and not medically necessary as the injured worker has not attained medical stability and since Buspar is indicated for short-term treatment of anxiety.

Clonazepam 0.5mg 1 tab three times a day #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 Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Clonazepam 0.5 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Clonazepam 0.5mg 1 tab three times a day #90 is excessive and not medically necessary because of the above stated reasons.

Citalopram 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects" The injured worker has been diagnosed with major depressive disorder, general anxiety disorder and major factors affecting medical condition. Per the most recent progress report dated 8/20/2015 indicate that the injured worker complains of depression, change in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, panic attacks, inability to relax, pressure, chest pain, nausea, disturbing memories, re-living the trauma, tension headache, increased pain and dizziness. The request for Citalopram 40mg #30 is not medically necessary, as the injured worker has not achieved medical stability with the ongoing treatment with Celexa.