

Case Number:	CM15-0183767		
Date Assigned:	09/24/2015	Date of Injury:	07/20/2000
Decision Date:	10/29/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 71-year-old female, with a reported date of injury of 07-20-2000. The diagnoses include post-traumatic stress disorder. Treatments and evaluation to date have included Viibryd (since at least 02-2015), Toprol (since at least 02-2015), and Nefazodone (since at least 02-2015). The diagnostic studies to date have not been included in the medical records provided. The comprehensive progress note dated 08-11-2015 indicates that the injured worker had symptoms of breakthrough anxiety, breakthrough panic attacks due to work-related trauma she sustained. It was noted that the injured worker was currently dealing with a family crisis. The treatment plan included the continuation of Viibryd daily, Nefazodone at night-time, and Toprol, one and one-half tablets daily. The treating physician noted that "all of the prescribed medications were medically and psychiatrically necessary to maintain an optimal level of stability." The injured worker's disability status was permanent and stationary. The request for authorization was dated 08-11-2015. The treating physician requested Toprol XL 50mg #45, Viibryd 40mg #30, and Nefazodone 200mg #30. On 09-10-2015, Utilization Review (UR) non-certified the request for Toprol XL 50mg #45, and modified the request for Viibryd 40mg #30 to Viibryd 40mg #15 to aid in weaning, and Nefazodone 200mg #30 to Nefazodone 200mg #15 to aid in weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toprol XL 50mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Toprol XL-Drug .com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRISTOPHER K. GALE, Consultant Psychiatrist, University of Auckland, Auckland, New Zealand MARK OAKLEY-BROWNE, Professor, University of Monash, Victoria, Australia. Generalized Anxiety Disorder Am Fam Physician. 2003 Jan 1; 67(1): 135-138. TIMOTHY J. BRUCE, PH.D., and SY ATEZAZ SAEED, M.D., University of Illinois College of Medicine at Peoria, Peoria, Illinois Social Anxiety Disorder: A Common, Under recognized Mental Disorder Am Fam Physician. 1999 Nov 15; 60(8): 2311-2320.

Decision rationale: According to the referenced literature, beta blockers lack clinical evidence for social phobia and anxiety. There is some evidence to support their use in low doses below 40 mg for mild anxiety. In this case, the claimant was on 2 antidepressants. Nefazadone can be used for Anxiety as well. The claimant was on Toprol XL for several months. Long-term use is not recommended. The continued use of Toprol XL is not medically necessary.

Vibryd 40mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16, 54.

Decision rationale: According to the guidelines, Vibryd is recommended for major depression and PTSD. In this case, the claimant does have PTSD. The claimant is being seen by a psychiatrist and has achieved good response and balance with medication. Continued use is medically appropriate.

Nefazodone 200mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 18 and Other Medical Treatment Guidelines Social Anxiety Disorder: A Common, Under recognized Mental Disorder New Zealand MARK OAKLEY-BROWNE, Professor, University of Monash, Victoria, Australia. Generalized Anxiety Disorder Am Fam Physician. 2003 Jan 1; 67(1): 135-138.

Decision rationale: According to the guidelines, Nefazadone is recommended 2nd line for PTSD. In this case, the claimant has PTSD which is managed by Vibryd. However, the claimant also has significant anxiety and MAO medications such as Nefazadone are appropriate for this along with co managing PTSD. Since the claimant was seen by a psychiatrist and well balanced with medication, continued use is appropriate.