

<b>Case Number:</b>	CM15-0185211		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/06/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35-year-old male with a reported date of injury of 09-06-2008. The diagnoses include adjustment disorder with mixed anxiety and depressed moods. Treatments and evaluation to date have included medication [Celexa (since at least 03-2015), Xanax (since at least 03-2015), Restoril, Ambien], and psychiatric treatment. The diagnostic studies to date were not included in the medical records available for review. The most recent follow-up psychiatric consultation report dated 09-21-2015 indicated that the injured worker was mentally doing well with reduced anxiety, tension, and irritability without panic attacks; denied crying episodes or suicidal ideation; insomnia was better although memory and concentration were still impaired; had a stable appetite although low energy level and sociability; low sexual activity due to pain, lack of interest and erectile dysfunction; no use of alcohol or any other recreational substances; and no auditory or visual hallucinations. On exam he was polite, cooperative, well groomed, less serious mood, fair eye contact, thought content was less anxious and less depressed and he was well focused without psychotic symptoms or thought disorder. Judgment and insight were intact. The treatment plan included the prescription for Celexa (Citalopram), one daily and Xanax, one every four hours as needed for anxiety, with one refill. The injured worker's work status was not indicated. The request for authorization was dated 08-13-2015. The treating physician requested Citalopram 40mg #30 and Xanax 2mg #120. On 09-10-2015, Utilization Review (UR) modified the request for Citalopram 40mg #30 to Citalopram 40mg #15 and Xanax 2mg #120 to Xanax 2mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Tablets of Citalopram 40mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors), Antidepressants for chronic pain.

**Decision rationale:** Citalopram is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. The patient has a recognized industrial accident-related depression with anxiety related to the patient's chronic pain. The patient has responded to treatment with this medication and is doing better, mentally. The request for continuing use of this medication in this patient is medically necessary and has been established.

### **120 Tablets of Xanax 2mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation American Psychiatric Association. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, originally published in October 2010.

**Decision rationale:** Alprazolam (Xanax) is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. The American Psychiatric Association Practice Guideline also notes little evidence to support long-term use of benzodiazepines for anxiety. This patient has taking this medication for over 2 months presumably for its anxiolytic effect. However, even though the medical records document lessening anxiety, continued use of a benzodiazepine is not supported by the medical literature and, therefore, is not indicated. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering. The request for continued use of a benzodiazepine is not medically necessary and has not been established.