

Case Number:	CM15-0185323		
Date Assigned:	09/25/2015	Date of Injury:	12/06/2010
Decision Date:	12/01/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	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: 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:

This 58 year old male sustained an industrial injury on 12-6-10. Documentation indicated that the injured worker was receiving treatment for lumbar stenosis, cervical discopathy, depression, anxiety and stress related medical complaints. The injured worker was receiving ongoing psychiatric care. In a PR-2 dated 7-9-15, the injured worker complained of neck pain with radiation to bilateral upper extremity associated with numbness, tingling and weakness and low back pain with radiation to bilateral lower extremity with numbness, tingling, weakness and episodes of falling. The injured worker had had a number of episodes of urinary incontinence. The physician recommended bilateral laminectomy at L4-5 with discectomy. In a narrative psychiatric progress report dated 8-20-15, the injured worker's subjective complaints included depression, changes in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, tension, panic attacks, feeling on edge, inability to relax, pressure, chest pain, shortness of breath and disturbing memories with headaches, muscle tension, increased pain and erectile dysfunction. Objective behaviors included depressed facial expressions and visible anxiety. The treatment plan included ongoing psychological evaluations and continuing medications (Venlafaxine, Clonazepam, Citalopram and Buspar). On 9-8-15, Utilization Review noncertified a request for Clonazepam 0.5 mg #90, Citalopram 40mg #30, Buspar 15mg #60 and Venlafaxine XR #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5 mg, ninety count: 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 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. Thus, the request for Clonazepam 0.5 mg, ninety count is excessive and not medically necessary.

Citalopram 40 mg, thirty count: 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors): Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain" 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 receiving treatment for lumbar stenosis, cervical discopathy, depression, anxiety and stress related medical complaints. Per the most recent psychiatric progress report dated 8-20-15, the injured worker's subjective complaints included depression, changes in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, tension, panic attacks, feeling on edge, inability to relax, pressure, chest pain, shortness of breath and disturbing memories with headaches, muscle tension, increased pain and

erectile dysfunction. Objective behaviors included depressed facial expressions and visible anxiety. The injured worker continues to experience symptoms of depression and there is no evidence of medical stability or objective improved with the current regimen. Thus, the request for Citalopram 40 mg, thirty count is not medically necessary.

Buspar 15 mg, sixty count: 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) 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. Buspirone is approved for short-term relief of anxiety symptom. In this case, the injured worker has been prescribed this medication on a long-term basis and there is no evidence of functional improvement. Thus, the request for Buspar 15 mg, sixty count is excessive and not medically necessary.

Venlafaxine XR, ninety count: 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 receiving treatment for lumbar stenosis, cervical discopathy, depression, anxiety and stress related medical complaints. Per the most recent psychiatric progress report dated 8-20-15, the injured worker's subjective complaints included depression, changes in appetite, lack of motivation, difficulty getting to sleep, decreased energy, difficulty thinking, pessimism, diminished self-esteem, excessive worry, restlessness, tension, panic attacks, feeling on edge, inability to relax, pressure, chest pain, shortness of breath and disturbing memories with headaches, muscle tension, increased pain and erectile dysfunction. Objective behaviors included depressed facial expressions and visible anxiety. The injured worker continues to experience symptoms of depression and there is no evidence of medical stability or objective improved with the current regimen. Thus, the request for Venlafaxine XR, ninety count is not medically necessary.