

Case Number:	CM15-0188273		
Date Assigned:	09/30/2015	Date of Injury:	08/01/2012
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 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 43 year old female with an industrial injury date of 08-01-2012. Medical record review indicates she is being treated for depressive disorder and panic disorder without agoraphobia. Other diagnoses included bilateral carpal tunnel syndrome with right carpal tunnel release, post-operative neuritis of right hand and wrist and trigger release right thumb and A 1 pulley. Subjective complaints (08-17-2015) included depression, crying episodes, daily feelings that life is not worth living, impaired memory and concentration, random panic attacks and insomnia remained the same. The injured worker noted "Trazodone is not strong enough for insomnia." In the 09-15-2015 treatment note the injured worker complained of constant numbing and tingling in bilateral upper extremities radiating all the way down from her elbow, forearm and into the hands bilaterally. "She states there are relief of symptoms with use of opioid medication in the form of the Tylenol # 3 or Norco." "She states these medications decreased the pain levels to the point she is able to perform greater function; however even with the medications she continues to have numbing and tingling sensation." The treating physician documented (08-17-2015) "anxiety, tension and irritability are reduced, denies suicidal ideation, she has no thoughts of harming self or others and she has no auditory or visual hallucinations." In the 09-15-2015 treatment note the physical exam noted "reported hyposensitivity with pinwheel along both forearms and hands in nondermatomal patterns." The patient exhibited inability to grip to the point registering the Jamar due to reported pain as well as observed patient in addition."Her medications included Xanax (at least since 01-19-2015) 1 mg one three times daily as needed for anxiety and panic, Trazadone (at least since 07-20-2015) 100 mg tablets 1-2

tablets at night for insomnia and Prozac (at least since 01-19-2015) 20 mg tablets one three times daily for depression. Prior medications included Lunesta and Ambien. In the treatment note dated 09-15-2015 the treating physician documented the following: "Very unfortunate for the patient, her urine drug screens continued to be inconsistent." 'On today's date, a decision to repeat random urinary drug screening based off the detection of Codeine which is inconsistent on the 08-11-2015 study. Although the patient tries to explain the use of this medication as a temporary use, it is still inconsistent with prescription prescribed in this office."On 09-18-2015 utilization review non-certified the request for Xanax 1 mg # 90, Trazodone 100 mg # 60 and Prozac 20 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1 MG #90: Upheld

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): Benzodiazepines.

Decision rationale: CA MTUS Guidelines states that Benzodiazepines, like Xanax, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. ODG specifically states that Xanax is not recommended for long-term use. Benzodiazepines are a major cause of drug overdose, particularly as they are synergistic with other drugs, such as opioids. A urine drug screen indicates this patient is taking the opioid codeine, which is potentially dangerous when taken with Xanax. In addition, the medication was last approved on 8/21/15 and there is no evaluation or rationale presented for continued use or monitoring for efficacy and side effects in the interim. Therefore, the request is not medically necessary or appropriate.

Trazodone 100 MG #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sedating antidepressants.

Decision rationale: Trazodone is an antidepressant that ODG recommends for insomnia in patients with coexisting mild depression. In this case, the patient reports that the Trazodone is not effectively treating her insomnia. In addition, since the last approval of the medication on 8/2/15, there has been no evaluation or rationale for the continued use of Trazodone due to its lack of efficacy. Therefore the request is not medically necessary or appropriate.

Prozac 20 MG #60: Upheld

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 rationale: Prozac (Fluoxetine) is an antidepressant in the selective serotonin re-uptake inhibitor category. In this case, the patient has bilateral carpal tunnel syndrome, s/p carpal tunnel release, post-op right hand/wrist neuritis and s/p trigger release of the right thumb. There is no documentation of functional improvement or efficacy of the Prozac. The patient states her depression is "about the same," despite the use of Prozac. The treatment appears to be directed to underlying psychiatric issues and not to the effects of industrial injury. In addition, Prozac is being utilized as "Prozac 20 mg 1-3 times daily." Prozac is not indicated on a prn basis with the patient changing the dosage on a day-to-day basis. Prozac should be closely monitored and increased by the provider in response to symptomatic relief and efficacy. Therefore, the request is not medically necessary or appropriate.