MAXIMUS Federal Services

Case Number:	CM15-0194877		
Date Assigned:	10/08/2015	Date of Injury:	01/21/2010
Decision Date:	11/23/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP), chronic hip pain, major depressive disorder (MDD), and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of January 21, 2010. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Xanax, Celexa, and Risperdal. The claims administrator referenced a July 30, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On a September 8, 2015 appeal letter, the attending provider appealed the denials of Risperdal, Xanax, and Celexa. The attending provider contended that the Utilization Review report was improper on the grounds that the denials had been issued by a neurologist (as opposed to a psychiatrist). The attending provider contended that the applicant continued to have issues with severe anxiety and panic issues. The applicant's work status was not detailed. On August 24, 2015, the applicant reported ongoing issues with depression, lack of motivation, difficulty getting asleep, worry, rumination, tension, agitation, panic attacks, and inability to rest, difficulty thinking, diminished self-esteem, and weight loss. The attending provider stated that the applicant had a 30% Whole Person Impairment rating and a Global Assessment of Functioning (GAF) of 50. The note was highly templated. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. No seeming discussion of medication efficacy transpired. On August 18, 2015, the applicant's pain management physician noted that the applicant was on Xanax, Celexa, Levoxyl, ropinirole, Soma, and Norco. Multiple medications were renewed. Multiple medications and permanent work restrictions were

renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On July 13, 2015, Xanax, Celexa, and Risperdal were renewed, again without any seeming discussion of medication efficacy. The attending provider stated, through preprinted checkboxes that the applicant had residual issues with depression, poor motivation, excessive worry, restlessness, tension, and agitation. On a May 11, 2015 office visit, the applicant's spine surgeon stated that it was "quite apparent" that ongoing usage of Celexa had not provided the applicant with good relief from a mental health standpoint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.8 mg #60: 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): Treatment.

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, here, however, the request in question was framed as a renewal or extension request for Xanax. The applicant seemingly had been using Xanax for a minimum of several months. Usage of Xanax for long-term use, however, ran counter to the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Celexa 40 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and Stress chapter.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Celexa, an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Celexa to exert their maximal effect, here, however, the applicant had been using Celexa for a minimum of several years, the applicant's spine surgeon reported on May 11, 2015. The applicant's spine surgeon reported on May 11, 2015 that ongoing usage of Celexa was not generating requisite improvements in mood and/or function needed to justify continuation of the same. The applicant's psychiatrist also reported on August 24, 2015 that the applicant continued to have issues with depression, loss of motivation, difficulty getting asleep, restlessness,

jumpiness, agitation, headaches, difficulty thinking and concentrating, etc. It did not appear that the applicant was working with permanent limitations in place either on that date, one of the applicant's providers suggested (but did not clearly state) on an earlier note dated August 18, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Celexa. Therefore, the request was not medically necessary.

Risperidone 0.5 mg #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, Mental illness and Stress chapter.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Food and Drug Administration RISPERDAL is an atypical antipsychotic agent indicated for: Treatment of schizophrenia in adults and adolescents aged 13-17 years (1.1), Alone, or in combination with lithium or valproate, for the short-term treatment of acute manic or mixed episodes associated with Bipolar I Disorder in adults, and alone in children and adolescents aged 10-17 years (1.2), Treatment of irritability associated with autistic disorder in children and adolescents aged 5-16 years (1.3).

Decision rationale: Finally, the request for Risperidone (Risperdal), an antipsychotic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotic is important, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper use and so as to manage expectations. Here, however, multiple progress notes, referenced above, failed to outline meaningful improvements in mood and/or function affected as a result of ongoing Risperidone usage. The applicant continued to report issues with depression, anxiety, sleeplessness, tension, excessive worry, poor energy levels, headaches, pessimism, poor self-esteem, etc., on an August 24, 2015 office visit. The applicant's work status was not clearly reported on that date, suggesting that the applicant was not, in fact, working. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. While the Food and Drug Administration (FDA) notes that Risperidone, an atypical antipsychotic, is indicated in the treatment of schizophrenia, acute manic episodes, bipolar disorder, and/or autism, here, however, there was no mention of the applicant's carrying any such diagnoses on the August 24, 2015 office visit. There was no mention of the applicant's carrying a diagnosis of schizophrenia, mania, bipolar disorder, autism, etc., on said August 24, 2015 office visit. Usage of Risperdal here, thus, amounted to usage of Risperdal for non-FDA labeled purposes. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage and should, furthermore, furnish compelling evidence to support such usage. Here, however, the attending provider's August 24, 2015 progress note failed to furnish a clear or compelling rationale for continued usage of Risperdal (Risperidone). Therefore, the request was not medically necessary.