

Case Number:	CM15-0196249		
Date Assigned:	10/09/2015	Date of Injury:	01/24/2013
Decision Date:	11/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 34 year old female, who sustained cumulative industrial trauma injuries from 07-01-2009-01-24-2013. She has reported subsequent neck, bilateral shoulder and wrist pain, depression, anxiety and panic attacks and was diagnosed with bilateral scapulargia, neck pain, bilateral shoulder joint pain, history of carpal tunnel surgery on the right and history of arthroscopic shoulder surgery, panic attacks with agoraphobia and atypical depressive disorder, melancholic type. Treatment to date has included pain medication, anxiolytic medication, antidepressants, physical therapy and surgery. Documentation shows that Xanax was prescribed as far back as 2013. In a psychiatric report dated 07-23-2015, mental status exam was notable for a depressed mood. The injured worker reported mood as "anxious". The physician noted that the injured worker demonstrated moderate symptoms of flat affect, circumstantial speech and occasional panic attacks with moderate difficulty in social and occupational functioning. In a progress note dated 08-27-2015, the injured worker was noted to have begun the use of Brintellix and to have tolerated an increased dose of the agent. The physician noted that Latuda had been introduced but that the injured worker found that even the smallest dose of the agent caused too much sedation and indicated that another agent Rexulti would be prescribed as an alternative choice. There were no specific subjective findings documented. Objective examination findings showed deep tendon reflexes (brachial and biceps) of 2+ and patellar reflexes of 2+. The physician indicated that anxiety was still an issue for the injured worker and that lab studies were done that showed therapeutic blood level of Xanax was below the therapeutic range. The injured worker was noted to be off work. A request for authorization of

retrospective Rexulti 0.5 mg #30 (DOS: 8-27-2015) and retrospective Xanax 0.5 mg #60 (DOS: 8-27-2015) was submitted. As per the 09-30-2015 utilization review, the request for Rexulti was non-certified and the request for Xanax was modified to certification of Xanax 0.5 mg #51 between 8-27-2015 and 8-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Rexulti 0.5mg, #30 (DOS: 8/27/15): 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), Mental Illness & Stress, atypical antipsychotics (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, rexulti.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of schizophrenia and as an add on therapy for major depression. The patient has major depression but not documented failure of all first line therapies. Therefore, the request is not medically necessary.

Retrospective Xanax 0.5mg, #60 (DOS: 8/27/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.