

Case Number:	CM15-0216792		
Date Assigned:	11/06/2015	Date of Injury:	08/24/2010
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 8-24-10. The injured worker was being treated for post-traumatic stress disorder, depressive disorder and panic disorder with agoraphobia. On 10-15-15, the injured worker reports decreased anxiety, tension, jumpiness, hyper alertness, recurrent intrusive thoughts, occasional flashbacks, bad dreams, insomnia, panic attacks; memory and concentration are reduced, energy level is depressed, depression and related symptoms are decreased and sociability is limited and unchanged. Work status is unclear. Objective findings on 10-15-15 revealed she is less anxious with a less depressed mood, frequent smiling, occasional laughing, no weeping or agitation and she is well focused. Treatment to date has included oral medications including Zoloft 100mg (since at least 11-29-15), Xanax 2mg (since at least 11-29-15) and Valium 10mg (since at least 11-29-15), psychotherapy and activity modifications. There is no documentation of functional improvement from use of the requested medications. On 10-23-15 request for Zoloft 100mg #90, Xanax 2mg #120 and Valium 10mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg #120 every 4 hours as needed for anxiety: 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), Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Xanax 2mg #120 every 4 hours as needed for anxiety is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; depressive disorder, NOS; and panic disorder with agoraphobia. Date of injury is August 24, 2010. Request for authorization is October 20, 2015. According to a January 9, 2014 progress note, the treating provider prescribed Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. The injured worker was seen in follow-up every four weeks through the calendar year 2014 through the present. According to an August 15, 2015 progress note, mentally the injured worker is about the same. The injured worker had a transient left hemi anesthesia. Each worker is being treated or migraines and is off pain medications. The injured worker takes Suboxone. The anxiety has decreased. The depression has decreased. Objectively, the mental status examination shows a less anxious and depressed mood. There was frequent smiling, occasional laughing, no weeping or agitation. All questions were answered promptly and appropriately. Current medications include Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. There is no clinical indication or rationale for two benzodiazepine medications (Xanax and Valium). There is no documentation demonstrating objective functional improvement to support ongoing Xanax. Benzodiazepines are not recommended for long-term use (longer than two weeks). The treating provider prescribed Xanax as far back as January 2014. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no clinical rationale for two benzodiazepines prescribed concurrently, Xanax 2mg #120 every 4 hours as needed for anxiety is not medically necessary.

Valium 10mg #30 1 at bedtime as needed for insomnia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 10mg #30 1 at bedtime as needed for insomnia is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical

dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; depressive disorder, NOS; and panic disorder with agoraphobia. Date of injury is August 24, 2010. Request for authorization is October 20, 2015. According to a January 9, 2014 progress note, the treating provider prescribed Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. The injured worker was seen in follow-up every four weeks through the calendar year 2014 through the present. According to an August 15, 2015 progress note, mentally the injured worker is about the same. The injured worker had a transient left hemi anesthesia. Each worker is being treated or migraines and is off pain medications. The injured worker takes Suboxone. The anxiety has decreased. The depression has decreased. Objectively, the mental status examination shows a less anxious and depressed mood. There was frequent smiling, occasional laughing, no weeping or agitation. All questions were answered promptly and appropriately. Current medications include Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. There is no clinical indication or rationale for two benzodiazepine medications (Xanax and Valium). There is no documentation demonstrating objective functional improvement to support ongoing Valium. Benzodiazepines are not recommended for long-term use (longer than two weeks). The treating provider prescribed Valium as far back as January 2014. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no clinical rationale for two benzodiazepines prescribed concurrently, Valium 10mg #30 1 at bedtime as needed for insomnia is not medically necessary.

Zoloft 100mg #90 3 daily for depression: 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 Procedure Summary, Sertraline (Zoloft).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a697048.html>.

Decision rationale: Pursuant to Medline plus, Zoloft 100 mg #90, three tablets daily for depression is not medically necessary. Sertraline is used to treat depression, obsessive-compulsive disorder (bothersome thoughts that won't go away and the need to perform certain actions over and over), panic attacks (sudden, unexpected attacks of extreme fear and worry about these attacks), posttraumatic stress disorder (disturbing psychological symptoms that develop after a frightening experience), and social anxiety disorder (extreme fear of interacting with others or performing in front of others that interferes with normal life). It is also used to relieve the symptoms of premenstrual dysphoric disorder, including mood swings, irritability, bloating, and breast tenderness. Sertraline is in a class of antidepressants called selective serotonin reuptake inhibitors (SSRIs). It works by increasing the amounts of serotonin, a natural substance in the brain that helps maintain mental balance. In this case, the injured worker's working diagnoses are posttraumatic stress disorder; depressive disorder, NOS; and panic disorder with agoraphobia. Date of injury is August 24, 2010. Request for authorization is October 20, 2015. According to a January 9, 2014 progress note, the treating provider prescribed Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. The injured worker was seen in follow-up every

four weeks through the calendar year 2014 through the present. According to an August 15, 2015 progress note, mentally the injured worker is about the same. The injured worker had a transient left hemianesthesia. Each worker is being treated for migraines and is off pain medications. The injured worker takes Suboxone. The anxiety has decreased. The depression has decreased. Objectively, the mental status examination shows a less anxious and depressed mood. There was frequent smiling, occasional laughing, no weeping or agitation. All questions were answered promptly and appropriately. Current medications include Xanax 2 mg, Valium 10 mg and Zoloft 100 mg. The documentation shows the treating provider has prescribed Zoloft as far back as January 2014. There is no documentation demonstrating objective functional improvement to support its ongoing use. Additionally, the treating provider is prescribing two concurrent different benzodiazepines. There is no clinical rationale for two different benzodiazepines written concurrently. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement to support ongoing Zoloft, Zoloft 100 mg #90, three tablets daily for depression is not medically necessary.