

Case Number:	CM15-0031953		
Date Assigned:	02/25/2015	Date of Injury:	04/18/2006
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/20/2015

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:

The injured worker is a 55 year old female, who sustained a work related injury on 4/18/06. She fell while walking down a hall. The diagnoses have included neck sprain, lumbar sprain, shoulder sprain and knee sprain. Treatments to date have included MRI cervical spine dated 1/10/08, cervical spine surgery on 7/15/08, EMG/NCS of lower extremities, Orthovisc injections in left knee, physical therapy, oral medications, psychotherapy and lumbar spine surgery on 5/22/07. In the PR-2 dated 2/16/15, the injured worker complains of continued lower back pain with numbness, tingling and weakness in left lower leg. On 1/21/15, Utilization Review non-certified a request for Lorazepam 1mg., #360. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/21/15, Utilization Review modified requests for Escitalopram 30mg., #360 to Escitalopram 30mg., #30, and Trazadone 50mg., #360 to Trazadone 50mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Escitalopram 30mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Stress & Mental Illness Topic: 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 request for a yearly supply of Escitalopram 30mg, #360 is excessive and not medically necessary as observation and monitoring of the medications is indicated at shorter intervals to assess the response to the medication, side effects rather than continuing the medication for a year without adequate monitoring.

Trazodone 50mg, #360: 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, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Trazodone (Desyrel).

Decision rationale: ODG guidelines state "Trazodone (Desyrel): Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. See also Fibromyalgia in the Pain Chapter, where trazodone was used successfully in fibromyalgia. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent." The request for a yearly supply of Trazodone 50mg, #360 is excessive and not medically necessary as observation and monitoring of the medications is indicated at shorter intervals to assess the response to the medication, side effects rather than continuing the medication for a year without adequate monitoring.

Lorazepam 1mg, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

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 receiving Lorazepam 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. The request for Lorazepam 1mg, #360 is excessive and not medically necessary.