MAXIMUS Federal Services

Case Number:	CM15-0055758		
Date Assigned:	04/01/2015	Date of Injury:	05/28/2014
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 05/28/2014. The initial complaints or symptoms included anxiety/panic attacks with tremors, stress, and feelings of depression due to a stressful work environment. The injured worker was diagnosed as having familial (benign essential) tremor exacerbated by current anxiety. Treatment to date has included conservative care, medications, counseling/psychological therapy. Currently, the injured worker complains of episodes of crying and shaking when thinking about work. The diagnoses include depression with anxiety and post-traumatic stress disorder. The treatment plan consisted of continued medications (including Paxil, Xanax, and Trazodone), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: The patient presents with episodes of crying and shaking when thinking about work. The request is for XANAX 0.5MG #15. Per RFA dated 03/19/15, the diagnoses include depression with anxiety and post-traumatic stress disorder. The patient is currently attending psychological therapy. The 02/25/15 report states, "patient has no initiative and always feels fatigued. She has difficulty sleeping and no appetite. She gets shaky whenever she thinks of going back to work." Current medications include Xanax, Trazadone, Paxil, Nexium, Promethazine, Spiriva and Vivelle. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Per provided medical reports, the patient was prescribed Xanax at least since 08/28/14. Therefore, In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines and IS NOT medically necessary.

Trazodone 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline.

Decision rationale: The patient presents with episodes of crying and shaking when thinking about work. The request is for TRAZODONE 50MG #30. Per RFA dated 03/19/15, the diagnoses include depression with anxiety and post-traumatic stress disorder. The patient is currently attending psychological therapy. The 02/25/15 report states, "Patient has no initiative and always feels fatigued. She has difficulty sleeping and no appetite. She gets shaky whenever she thinks of going back to work." Current medications include Xanax, Trazodone, Paxil, Nexium, Promethazine, Spiriva and Vivelle. The patient is temporarily totally disabled. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain.ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: "Sedating antidepressants - e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Treater does not specifically discuss this medication. Per provided medical reports, the patient was prescribed Trazodone at least since 08/28/14. Trazodone is supported as an antidepressant for treatment of insomnia when there is depression and chronic

pain. ODG guidelines recommend the use of Trazodone in patients with sleep disturbances and coexisting depression. However, MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Due to lack of documentation the request cannot be warranted and therefore, IS NOT medically necessary.