

Case Number:	CM15-0084594		
Date Assigned:	05/06/2015	Date of Injury:	09/10/2001
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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:

Injured worker is a 48 year old male with date of injury 9/10/2001. Date of the UR decision was 3/16/2015. He suffers from Post Laminectomy Pain syndrome status post L5-S1 fusion in 2006, hardware removal in 2008, L4-L5 disc replacement in 2009 and chronic bilateral lumbar radiculitis. Per report dated 2/18/2015, the injured worker presented with subjective complaints in the categories of depressive symptoms, anxiety symptoms and some symptoms in altered perception category. He has been diagnosed with Major Depressive Disorder, single episode, unspecified and Generalized Anxiety Disorder. He is being prescribed Buspar 10 mg twice daily for anxiety, Xanax 0.5 mg as needed for anxiety, Temazepam 15 mg at bedtime for sleep, Prozac 20 mg twice daily for anxiety and Risperidal 0.5 mg at bedtime for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Fluoxetine (Prozac). Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress - Fluoxetine (Prozac).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Stress & Mental Illness; 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". Prozac is clinically indicated for treatment of Major Depressive Disorder per ODG. However, medical necessity of a 3-month supply cannot be affirmed because of lack of documentation regarding objective functional improvement from the ongoing use of Prozac. It has been suggested that the injured worker continues to suffer from depressive and anxiety symptoms, which seem to be unchanged although he has been continued on this medication. Thus, the request for Prozac 20mg #60 with 2 refills is excessive and not medically necessary at this time.

Temazepam 150mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Benzodiazepines.

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 Temazepam for sleep 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 a 3-month supply is excessive and not clinically indicated. Thus, the request for Temazepam 15 mg #60 with 2 refills is not medically necessary.

Risperdal 0.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Risperdal Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: ODG states "Risperidone is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Antipsychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA-approved indications, schizophrenia and bipolar disorder. In a new study funded by the National Institute of Mental Health, four of the antipsychotics most commonly prescribed off label for use in patients over 40 were found to lack both safety and effectiveness. The four atypical antipsychotics were aripiprazole (Abilify), olanzapine (Zyprexa), quetiapine (Seroquel), and risperidone (Risperdal). The authors concluded that off-label use of these drugs in people over 40 should be short-term, and undertaken with caution." Per progress report dated 2/28/2015, the injured worker has been prescribed Risperdal for sleep. The use of Risperdal is off label in this case. Thus, the request for Risperdal 0.5mg #30 with 2 refills is excessive and not medically necessary.

Xanax 0.5mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications.

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 Xanax 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 Xanax 0.5mg #30 with 2 refills i.e. a 3-month supply exceeds the guideline recommendations and is not medically necessary.