

<b>Case Number:</b>	CM14-0120321		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/23/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 worker is a 53 year old male who was injured between 4/23/02 and 11/16/03. He was diagnosed with right knee pain, lumbosacral sprain/strain and major depressive disorder and anxiety. He was treated with antipsychotic medication, sleep aids, benzodiazepines, opioids, physical therapy, and restricted activity. He was referred to a psychiatrist who prescribed the antipsychotic and benzodiazepine. On 7/1/14 the worker was seen by his primary treating physician for a follow-up reporting continual low back pain, depression, headaches, and right knee symptoms with his current medications. He reported taking Xanax, Rozerem, Seroquel, and Norco. He was then recommended to have a monthly psychotropic medication management and approval office visit for the next six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management and approval, one session per month for six months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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), Low Back section, Office visits

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In the case of this worker, the request for further visits for psychotropic medical management, presumably with the psychiatrist, is medically appropriate. However, deciding on a set number of visits besides the following one is not recommended and premature. Therefore, the 6 office visits are not all medically necessary at this time. One future visit may be recommended at one time.

**Xanax 1mg tid #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

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

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the documents available for review in this case, it is unclear if the worker had tried and failed an antidepressant; however, there was evidence of an intention to treat him with Pamelor. The worker used benzodiazepines chronically for some time, which is not preferable and not medically necessary. Therefore, the Xanax is not medically necessary.