

Case Number:	CM14-0173481		
Date Assigned:	10/24/2014	Date of Injury:	05/11/1994
Decision Date:	12/03/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/21/2014

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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 45 year old female with date of injury 5/11/1994. Date of the UR decision was 10/7/2014. Report dated 4/29/2014 suggested that she was experiencing symptoms of insomnia, diminished self esteem, suicidal ideations from time to time, sleep impairment, no libido, and significant anxiety and diminished stress tolerance. She scored 51 on Beck Depression Inventory and 52 on Beck Anxiety Inventory. She was given the diagnosis of Major Depressive Disorder. She was being prescribed Xanax 0.5 mg three to four times daily, Nortryptiline 100 mg at bedtime as an antidepressant, sleep pain and chronic pain syndrome. It was suggested that the injured worker was initiated on Xanax for the first time in 1994. Report dated 5/23/2014 listed scores of 48 on Beck Depression Inventory and 40 on Beck Anxiety Inventory. Report dated 6/2/2014 listed scores of 44 on Beck Depression Inventory and 40 on Beck Anxiety Inventory. Report dated 7/3/2014 listed scores of 46 on Beck Depression Inventory and 40 on Beck Anxiety Inventory. It was suggested for the Cognitive Behavior Therapy to be continued. Report dated 8/19/2014 listed diagnosis of Major Depressive Disorder, Pain disorder with both Psychological factors and General medical condition and Panic disorder without agoraphobia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Psychology Medication Managements Including Beck Depression Inventory, Beck Anxiety Inventory (BDI And BAI) Once Every 6 Weeks For 52 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "Per the reviewed documentation, the injured worker is being prescribed Xanax 0.5 mg three to four times daily, Nortryptiline 100 mg at bedtime as an antidepressant, sleep pain and chronic pain syndrome. It has been suggested that the injured worker was initiated on Xanax for the first time in 1994. Benzodiazepines are not recommended for long term use per the guidelines. The request for 8 psych medication managements including BDI and BAI once every 6 weeks for 52 weeks is excessive and not medically necessary.

Xanax 0.5mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

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 prescribed Xanax on an ongoing basis for several years with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Benzodiazepines are not recommended for long term use per the guidelines. The request for for Xanax 0.5mg #75 is not medically necessary.

