

Case Number:	CM14-0205559		
Date Assigned:	12/17/2014	Date of Injury:	03/01/2005
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/09/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 48 year old employee with date of injury of 3/1/05. Medical records indicate the patient is undergoing treatment for insomnia sleep disorder due to pain; psychological factors affecting medical condition and major depressive disorder, SE severe. Subjective complaints include: the patient is now sleeping an average of 6 hours per night due to diminished depressive symptoms. Objective findings: the treating physician does not state any objective findings in the last several recent notes except to report "the patient's been taking these medications for years. It is medically necessary to continue taking the medications for his well-being. Treatment has consisted of psychotherapy, Prozac, Ativan, Ambien and Atarax. The utilization review determination was rendered on 11/11/14 recommending non-certification of Atarax 25mg #30 and 6 sessions of psychotropic medication management once a month for six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Atarax 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Selective Serotonin Reuptake Inhibitors (SSRIs)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic pain.

Decision rationale: The ODG states "Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for longer than two weeks". The ODG states concerning treatment regimens that, "Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side-effect profile than monoamine oxidase inhibitors (MAOIs) or tricyclic antidepressants (TCAs). They also have the advantage of treating comorbid depression. Selective Norepinephrine Reuptake Inhibitors (SNRIs), in particular Effexor (venlafaxine) has also been proven to be effective in the treatment of many anxiety disorders". The ODG comments on second line agents such as Hydroxyzine that "Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. (Specific Treatment: FDA-approved indications are listed next to each specific drug. A note is made if a medication is used off-label.)". The treating physician does not detail a trial and failure of first line agents such as SSRIs and SNRIs. The use of Atarax to treat anxiety induced insomnia is off label. As such, the request for Atarax 25mg #30 is not medically necessary.

6 sessions of psychotropic medication management once a month for six months.:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (Acute and Chronic), Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs, Psychologic Evaluation and Office visits.

Decision rationale: The ODG states, "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". The patient is diagnosed with Major Depressive disorder and insomnia sleep disorder due to pain. The patient is on Prozac, Ativan, Ambien, and Atarax. They have a treating psychiatrist of record that documented and demonstrated that due to the

chronic nature of the patient's pain and depression monthly monitoring is medically necessary over a six month period. As such, the request for 6 sessions of psychotropic medication management once a month for six months is medically necessary.