

Case Number:	CM14-0211994		
Date Assigned:	01/02/2015	Date of Injury:	03/19/2012
Decision Date:	05/29/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 54 year old female with date of injury 03/19/2012. Date of the UR decision was 12/5/2014. She suffered psychological injury secondary to sexual harassment at workplace from her supervisor. She underwent acupuncture, psychological treatment. She has been diagnosed with Acute Stress Disorder; Posttraumatic Stress Disorder; Anxiety Disorder; and Major Depressive Disorder. Per report dated 12/17/2014, the injured worker tapered herself off Strattera as the carrier stopped paying for it. She also recently switched from Lexapro to Zoloft, because Lexapro had begun to affect her sexual response. She was receiving psychotherapy over the telephone, the frequency was reduced to once every 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strattera 60mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Atomoxetine/ Strattera.

Decision rationale: Per FDA.gov-Atomoxetine (marketed as Strattera) Information: Atomoxetine (marketed as Strattera) is currently approved in the United States to treat attention deficit/hyperactivity disorder (ADHD) in children, adolescents, and adults. The submitted documentation lists the diagnosis of Acute Stress Disorder; Posttraumatic Stress Disorder; Anxiety Disorder; and Major Depressive Disorder. There is no information suggestive of injured worker suffering from ADHD for which Strattera is approved for. Thus, the request for Strattera 60mg #90 is excessive and not medically necessary.

Zoloft 100mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

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." Per report dated 12/17/2014, the injured worker is being treated for Posttraumatic Stress Disorder, Delayed Onset, Chronic, in partial remission and Major Depressive Disorder, in partial remission and continues to struggle with symptoms of poor focus, reduced concentration, scattered thoughts, and poor tenacity. The request for Zoloft 100mg #90 is medically necessary for the treatment of PTSD and Major Depressive Disorder in this case.

Xanax 0.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of medications Page(s): (s) 24 and 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 with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Xanax 0.5mg #90 is excessive and not medically necessary.

