

Case Number:	CM14-0213443		
Date Assigned:	12/30/2014	Date of Injury:	06/16/2013
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 patient is a 35-year-old female who has submitted a claim for major depressive disorder, generalized anxiety disorder with panic attack, and lumbar sprain / strain with L5 radiculopathy associated with an industrial injury date of 6/16/2013. Medical records from 2014 were reviewed. The patient complained of anxiety, depression, work stress and insomnia. She likewise had palpitations, muscle tension, headache and neck pain. She was irritable and had crying spells. She also had auditory hallucinations. She denied suicidal ideation, plan or intent. She also denied homicidal ideation, plan or intent. She was alert and oriented to three spheres. Her mood was depressed. She presented with anhedonia, psychomotor retardation, hopelessness and helplessness. Her thought process was circumstantial. Concentration was fair and memory was good. Treatment to date has included individual cognitive therapy, chiropractic care, physical therapy, Zofran, Naprosyn, Trazodone, Prozac, Zyprexa, Buspirone, Estazolam, Citalopram, Cyclobenzaprine, Alprazolam and Duexis (since at least April 2014). The utilization review from 11/26/2014 denied the request for Prosom 2mg, #30 with 2 refills because long-term use was not recommended; denied Buspar 10mg, #60 with 2 refills because its efficacy had diminished with recent benzodiazepine use; denied Xanax 0.5mg, #30 with 2 refills because long-term use was not recommended; and denied Citalopram 40mg, #30 with 2 refills because of no supporting evidence of objective functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 with 2 refills: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient has been prescribed Prosom since at least April 2014. However, there is no documentation concerning functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Prosom 2mg #30 with 2 refills is not medically necessary.

Buspar 10mg #60 with 2 refills: 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 Official Disability Guidelines (ODG) Pain, Anxiety Medications In Chronic Pain and Other Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration (Buspirone).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to the Official Disability Guidelines (ODG) Pain Chapter, Buspirone is recommended for short-term relief of anxiety symptoms. The US Food and Drug Administration states that Buspirone Hydrochloride tablets are indicated for the management of anxiety disorders or the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Buspirone is also used to augment antidepressant therapy with treatment-resistant depression. In this case, the patient has been prescribed Buspirone since at least April 2014. However, there is no documentation concerning functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Buspar 10mg #60 with 2 refills is not medically necessary.

Xanax 0.5mg #30 with 2 refills: 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) -Pain

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient has been prescribed Xanax since at least April 2014. However, there is no documentation concerning functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Xanax 0.5mg #30 with 2 refills is not medically necessary.

Citalopram 40mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: As noted on page 16 of the CA MTUS Chronic Pain Medical Treatment Guidelines, selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline that are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. In this case, the patient has been prescribed Citalopram since at least April 2014. However, there is no documentation concerning functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Citalopram 40mg #30 with 2 refills is not medically necessary.