

Case Number:	CM15-0003994		
Date Assigned:	01/15/2015	Date of Injury:	01/21/2010
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old female, who sustained an industrial injury on January 21, 2010. The diagnoses have included major depressive disorder, single episode, unspecified with anxiety, post traumatic reaction and panic attacks. Treatment to date has included oral antidepressants and antianxiety medications. Currently, the injured worker complains of persistent symptoms of depression, anxiety and stress related medical complaints arising from and industrial stress injury to the psyche. On December 10, 2014 Utilization Review non-certified a Xanax 0.5 mg quantity 60 with 2 refills, Celexa 40mg quantity 30 with 2 refills, and Risperidone 0.5mg quantity 30 with 2 refills noting, Official Disability Guidelines was cited. On December 3, 2014, the injured worker submitted an application for IMR for review of Xanax 0.5 mg quantity 60 with 2 refills, Celexa 40mg quantity 30 with 2 refills, and Risperidone 0.5mg quantity 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Benzodiazepines

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

Decision rationale: The request for Xanax is not medically necessary. Xanax is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks. The patient is currently on it for management of her depression and anxiety. According to MTUS, continued use of antidepressants is an appropriate treatment for anxiety disorders. There is also no objective documentation of improvement in functional status. Therefore, the request is considered not medically necessary.

Celexa 40mg #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, Mental Illness & Stress Chapter, Anti-depressants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 14-15.

Decision rationale: The request is considered not medically necessary. The Celexa was prescribed for anxiety and depression which the patient clearly has according to the chart. Celexa is also indicated for the treatment of post-traumatic stress disorder. However, there is no documentation of improvement in functional capacity. With chronic use, there should be ongoing documentation of improvement in symptoms and functional capacity. Therefore, the request is considered not medically necessary.

Risperidone 0.5mg #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, Anti-psychotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Risperdone (Risperdal)--Mental/Stress

Decision rationale: The request is considered not medically necessary. Risperdal is an atypical antipsychotic that is not indicated for anxiety and depression. It is not first-line therapy and there is no documentation that the patient failed first-line therapy. There is no documentation of functional improvement with the use of risperdal and according to the chart, was prescribed to help with insomnia. This is not what Risperdal is indicated for. Therefore, the request is considered not medically necessary.

