

Case Number:	CM15-0010286		
Date Assigned:	01/27/2015	Date of Injury:	04/15/2009
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/19/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 50 year old female, who sustained an industrial injury on April 15, 2009. The details of the injury and immediate symptoms were not documented in the reviewed medical record. She has reported depression and anxiety. The diagnoses have included bipolar disorder, major depressive disorder, and post traumatic stress disorder. Treatment to date has included psychotherapy and medications. Currently, the injured worker complains of continued depression, auditory hallucinations, and improved sleep on new medications. The treating physician is requesting prescriptions for Hydroxyzine, Prazosin, Zoloft, Trazodone, and Valium. On December 17, 2014 Utilization Review non-certified the request for prescriptions for Hydroxyzine, Prazosin, Zoloft, Trazodone, and Valium noting the lack of documentation to support the medical necessity of the medications. The MTUS chronic pain medical treatment guidelines and ODG were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine 50 Mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation guidelines on hydroxyzine

Decision rationale: ODG guidelines support the use of hydroxyzine for anxiety and chronic pain. This patient was diagnosed with major depressive disorder, anxiety and post traumatic stress disease. There is no documentation of ongoing monitoring processes for prescribed treatments which is required by guidelines.

Prazosin 1 Mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation annals of New York Academy of sciences, 1071

Decision rationale: Prazosin has been shown to be effective in treating nightmares associated with post traumatic stress disorder. The documents describe that the patient experienced improved sleep while on this medication. Thus, this medication is appropriate and necessary.

Zoloft 100 Mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 107. Decision based on Non-MTUS Citation Mental and Stress: Sertraline

Decision rationale: Zoloft is used to treat psychological symptoms associated with chronic pain. This patient has diagnoses including diagnoses of depression, anxiety and post traumatic stress disorder the treatment of which has been minimally documented. Without clear documentation of monitoring of this medication, the appropriateness and necessity cannot be determined.

Trazodone 100 Mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

Decision rationale: Trazodone may be used to treat insomnia in patients with coexisting depression. It would be reasonable to treat this patient for one month and then evaluate the response to treatment prior to authorizing additional prescriptions for Trazodone. A prescription for Trazodone #60 50 mg would be considered appropriate in this case.

Valium 5mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: Guidelines state that benzodiazepines are not recommended for long term use. Most guidelines limit their use to 4 weeks. The patient is diagnosed with anxiety and valium has been prescribed for short term use as recommended by the guidelines.