

Case Number:	CM15-0016457		
Date Assigned:	02/04/2015	Date of Injury:	10/05/1994
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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:

The injured worker is a 49-year-old male, with a reported date of injury of 10/05/1994. The diagnosis includes depressive disorder. Treatments have included oral medications, and psychotherapy. The progress report dated 12/29/2014 indicates that the injured worker continued to have some palpitations, which leads him to have some anxiety. The objective findings include an anxious mood, bright affect, no suicidal ideations, and fair concentration. The treating physician recommended the continuation of Vistaril 25-50mg at night as needed for sleep and Prozac 40mg. On 01/20/2015, Utilization Review (UR) denied the request for Vistaril 25mg #60, with three refills, two (2) tablets at night and Prozac 40mg #30, with three refills, noting that there was no information that described the effectiveness of Vistaril and its value to support its continued use and no mental examination data to support the diagnosis that had been supported. Goodman and Gilman's The Pharmacological Basis of Therapeutics, the Physician's Desk Reference, www.Rxlist.com, the Official Disability Guidelines Workers Compensation Drug Formulary, www.onlineepocrates.com, Monthly Prescribing Reference, www.empr.com, and www.agencymeddirectors.wa.gov were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Vistaril 25mg at Night as Needed for Sleep #60 with 3 Refills, Submitted Diagnosis Depressive Disorder, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com

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

Decision rationale: FDA states that Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis and as an adjunct in organic disease states in which anxiety is manifested. The effectiveness of hydroxyzine as an antianxiety agent for long term use, that is more than 4 months, has not been assessed by systematic clinical studies. The physician should reassess periodically the usefulness of the drug for the individual patient. The continued use of Atarax is not clinically indicated. Per report dated 12/29/2014, the psychotropic medications prescribed for the injured worker were Prozac 40 mg daily for depression and Atarax 25-50 mg at bedtime for anxiety. She has been continued on these medications for depression, anxiety and sleep long term and per the documentation, there is no evidence of objective improvement and she still continues to be symptomatic. The request for "2 Vistaril 25mg at Night as Needed for Sleep #60 with 3 Refills, Submitted Diagnosis Depressive Disorder, as an Outpatient" is not medically necessary.

Prozac 40mg per day, #30 with 3 Refills, submitted Diagnosis Depressive Disorder, as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com. Official Disability Guidelines (ODG) Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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"The continued use of Prozac is not clinically indicated. Per report dated 12/29/2014, the psychotropic medications prescribed for the injured worker were Prozac 40 mg daily for depression and Atarax 25-50 mg at bedtime for anxiety. She has

been continued on these medications medications for depression, anxiety and sleep long term and per the documentation, there is no evidence of objective improvement and she still continues to be symptomatic. The request for "Prozac 40mg per day, #30 with 3 Refills, submitted Diagnosis Depressive Disorder, as an Outpatient" is not medically necessary.