

Case Number:	CM15-0016976		
Date Assigned:	02/04/2015	Date of Injury:	10/27/2011
Decision Date:	03/27/2015	UR Denial Date:	01/07/2015
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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 53 year old female whose date of injury is 10/27/11 in which an elevator she was riding in dropped 20 floors. She sustaining injury to right upper extremity, back and knees, and developed post-traumatic stress disorder, panic disorder with agoraphobia, and major depressive disorder. She suffered from a torn right rotator cuff which was treated surgically on 12/15/11, subsequently developing frozen shoulder. She returned to work in 01/2012, in a different building with the same duties. She has had individual psychotherapy and medications. A progress note of 8/14/14 indicates that her anxiety has returned to baseline and she felt no further need for individual psychotherapy, and she continued on medications. She was able to ride single floor elevators, but was unable to use the express elevators. A progress note 10/3/14 shows that her sleep pattern has improved but anxiety remained. Medications include Cymbalta 60 mg #30; Restoril 30 mg # 35; Ativan .5 mg # 70 and Atarax 25 mg # 35 to stabilize her symptoms, noting that she is not abusing her medications, but UR of 01/07/15 noncertified all as well as monthly psychotropic medication management. A request for authorization by Dr. Procci of 02/04/15 reports that the patient continues to feel anxious, depressed daily, with sleep disturbance due to orthopedic pain and nightmares, is tearful, has decreased libido, has flashbacks and intrusive recollections, is hypervigilant, easily startled, and avoids elevators. ■■■■ notes that the Ativan decreases her anxiety/tension and helps her sleep, and the Restoril helps her sleep, has muscle relaxant properties, and acts as an anxiolytic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and medication approval QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Office Visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that

Decision rationale: The patient is on multiple medications, community standard dictates that follow up is essential to monitor for side effects, efficacy, drug:drug interactions, clinical stability and changes in patient's status, etc. However, the frequency of the office visits is based on the needs of the individual patient and what medication the patient is prescribed, as some require closer monitoring than others. This request is therefore noncertified.

Cymbalta 60mg, QTY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Antidepressants for treatment of MDD (major depressive disorder) 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. Not recommended for mild symptoms. Drug selection criteria. The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: Increasing evidence of the importance of norepinephrine in the etiology of depression has led to the development of a new generation of antidepressants, the serotonin and norepinephrine reuptake inhibitors (SNRIs). Official Disability Guidelines Antianxiety medications in chronic pain Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as describ

Decision rationale: The patient suffers from major depressive disorder related to her industrial injury, as well as the anxiety disorders panic disorder with agoraphobia and PTSD. SNRI

antidepressants such as Cymbalta are used as first line agents in major depressive disorder, as well as in the treatment of anxiety disorders. This request is therefore certified.

Restoril 30mg QTY: 35: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of.

Decision rationale: The patient has been on Restoril, a benzodiazepine, for sleep. While [REDACTED] offers the explanation that Restoril also aids in muscle relaxation and anxiety, MTUS points out that tolerance to hypnotic effect develops rapidly, to anxiolytic effect within months, and to muscle relaxation within weeks. In addition, she is also on Ativan, also a benzodiazepine, which he has prescribed BID for anxiety and to aid in sleep, placing her on duplicate benzodiazepine treatment. Other treatment modalities should be attempted such as sleep hygiene and nonbenzodiazepine agents. This request is therefore noncertified.

Ativan .5mg QTY: 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not recommended for long-term use because long-term efficacy is unproven and there is a risk of. Decision based on Non-MTUS Citation Official Disability Guidelines Antianxiety medications in chronic pain Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Benzodiazepines are not recommended for longer than two weeks. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); (4) social anxiety disorder (SAD); & (5) obsessive-compulsive disorder (OCD). The anxiety disorders with the greatest evidence for the efficacy of pharmacotherapy are GAD, PD, and SAD, and OCD. There is more limited evidence for pharmacotherapy for PTSD. Many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. Selective Norepinephrine Reuptake

Decision rationale: The patient suffers from the anxiety disorders of panic disorder with agoraphobia and PTSD. Per ODG guidelines, benzodiazepines are effective for acute treatment, and per MTUS guidelines they are not recommended for use for long term use due to potential for tolerance. Anxiolytic effect occurs within months and long term use may increase anxiety. Antidepressants are more effective for anxiety disorders. Other agents with more favorable side effect profiles which can be used for longer term in anxiety include the 5HT1 agonist buspirone and the antihistamine hydroxyzine (Atarax). Antiepilepsy agents may also be utilized. Prazosin has been found to be an effective treatment and is being used in the community for amelioration

of PTSD symptoms. In addition to the Ativan, the patient is also taking Restoril, also a benzodiazepine, with the two agents having the possibility of potentiation. She is already on an antidepressant (Cymbalta) and antihistamine (Atarax). This request is therefore noncertified.

Atarax 25mg QTY: 35: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter pain, Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Antianxiety medications in chronic pain Recommend diagnosing and controlling anxiety as an important part of chronic pain treatment, including treatment with anxiety medications based on specific DSM-IV diagnosis as described below. Definition of anxiety disorders: Anxiety disorders for this entry include (1) generalized anxiety disorder (GAD); (2) panic disorder (PD); (3) post-traumatic stress disorder (PTSD); The anxiety disorders with the greatest evidence for the efficacy of pharmacotherapy are GAD, PD, and SAD, and OCD. There is more limited evidence for pharmacotherapy for PTSD. Some other drug classes used to treat anxiety are antihistamines (e.g. hydroxyzine), 5HT1 agonist (e.g. buspirone), and some anti-epilepsy drugs. Other medications that may be useful: Hydroxyzine (Atarax®, generic available): Dosing information: 50 mg/day. Pregabalin (Lyrica®, generic available): Non-FDA approved indication. Do

Decision rationale: The patient suffers from the anxiety disorders of panic disorder with agoraphobia and PTSD. Atarax (hydroxyzine) is an antihistamine used to treat anxiety and has been found to be effective in the treatment of both of these anxiety disorders. It may be prescribed in doses of up to 50mg per day. This request is therefore certified.