

Case Number:	CM15-0118830		
Date Assigned:	06/29/2015	Date of Injury:	05/16/2014
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 5/16/2014, after a truck accident. The injured worker was diagnosed as having major depressive disorder, single episode, moderate. Treatment to date has included diagnostics, cervical injection, physical therapy, mental health treatment, and medications. Urine toxicology (2/27/2015) was inconsistent with prescribed medications. Currently (most recent psychiatric progress report 4/08/2015), the injured worker reported that he was still depressed and anxious, but it was due to his pain and headaches. He was excited about scheduled Botox injections. He reported going to the movies one week prior and this elevated his mood. He was noted as smiling and laughing occasionally and his mood and affect were sad, but not depressed. His Effexor and Xanax were refilled. His most recent pain management report (4/24/2015) noted neck and low back pain with radiation into his legs, rated 10/10. He also reported headaches, short term memory loss, and not sleeping through the night. He stated that Robaxin was not helping with muscle spasms, and overall not improving. His medications included Percocet, Ambien, Imitrex, Effexor, and Xanax. An updated psychiatric progress report regarding the request for Xanax, Abilify, and Vistaril was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 1.0 mg, 3 times daily, unspecified Qty or refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Benzodiazepines.

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

Decision rationale: Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the 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." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Furthermore, the notes do not clarify if the Xanax is being prescribed primarily for anxiety or muscle spasm, as the worker has indication of both of these but the effect of Xanax is not described in detail. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.

Abilify 2 mg, unspecified Qty or 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) Mental Illness and Stress Chapter, Aripiprazole (Abilify) and Other Medical Treatment Guidelines Uptodate Online, Abilify Entry.

Decision rationale: Regarding the request for Abilify, California MTUS guidelines do not contain criteria for the use of Abilify. ODG states Abilify is not recommended as a first-line treatment. Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. It is also FDA approved as an adjunctive medication for the treatment of depression. Within the information made available for review, a diagnosis of schizophrenia, or any other psychotic disorder is not identified. The patient is noted to have depression and is on Effexor, but the efficacy of adding Abilify to the treatment regimen has not been addressed. Furthermore, it is noted that the patient is not on the maximum dosage of Effexor. Given this, the currently requested Abilify is not medically necessary.

Vistaril 50 mg, unspecified Qty or 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 Chapter, Anxiety Medication in Chronic Pain Entry and Other Medical Treatment Guidelines Uptodate Online, Hydroxyzine Entry.

Decision rationale: With regard this request for hydroxyzine, the ODG state that hydroxyzine is an option for anxiety. An online evidenced-based database further states that this medication is FDA approved for the treatment of pruritus and anxiety. Although this patient has anxiety as documented by a January 2015 note from a psychiatric specialist, the clinical efficacy or rationale for this medication is not apparent in the submitted documentation. Although it is an option for anxiety, the anti-histamine class has many side effects. This request is not medically necessary.