

Case Number:	CM15-0172694		
Date Assigned:	09/14/2015	Date of Injury:	06/21/1998
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina

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 65 year old female, who sustained an industrial-work injury on 6-21-98. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Medical records dated (4-20-15 to 7-20-15) indicate that the injured worker complains of depression, lack of motivation, decreased energy, difficulty staying asleep, excessive worry, jumpiness, tension, agitation, feeling "keyed up" or on edge, agoraphobia, palpitations, nausea, shortness of breath, tension headaches, muscle tension, increased pain, peptic acid reaction, abdominal pain and constipation or diarrhea. The medical records indicate that the improvements in symptoms were that the injured worker can concentrate better, can comprehend television, spends less time in bed, has fewer headaches, and is less panicky. Per the treating physician report dated 10-7-14 the injured worker is permanent and stationary and has not been able to return to work. The physical exam dated 7-20-15 reveals that the injured worker has depressed facial expressions, there is visible anxiety and she is soft-spoken. Treatment to date has included pain medication, psychiatric care, Lunesta since at least 2009, Seroquel and Xanax since at least 2014, urine drug screen, and other modalities. The treating physician indicates that the urine drug test result dated 10-14-15 was consistent with the medication prescribed. The original Utilization review dated 8-13-15 non-certified a request for Seroquel XR 50mg, one at night, #30 with two refills, Lunesta 3mg, one at night, and Xanax 0.5mg, 4 times a day as needed, #120 with 2 refills as they were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel XR 50mg, one QHS, #30 with two refills: Overturned

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 PDR, seroquel.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is indicated in the treatment of major depression. The patient has the diagnosis of symptomatic major depression. Therefore the request is medically necessary.

Lunesta 3mg; one QHS: Overturned

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) insomnia.

Decision rationale: The California MTUS and the ACOEM do not specifically address this medication. Per the official disability guidelines recommend pharmacological agents for insomnia only is used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is usually addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Pharmacological treatment consists of four main categories: Benzodiazepines, Non-benzodiazepines, Melatonin and melatonin receptor agonists and over the counter medications. Sedating antidepressants have also been used to treat insomnia however there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. The patient does have the diagnosis of primary insomnia or depression. Therefore the request is medically necessary.

Xanax 0.5mg, one QID PRN, #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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.

Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.