

Case Number:	CM15-0173608		
Date Assigned:	09/15/2015	Date of Injury:	10/28/2002
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and back pain with derivative complaints of headaches and depression reportedly associated with an industrial injury of October 28, 2002. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve requests for Lexapro, Sonata, and Flexeril. Office visits of July 9, 2015 and June 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 16, 2015, the attending provider reported ongoing complaints of intractable back pain with chronic daily headaches. The applicant was depressed and anxious; it was reported in some sections of the note. The attending provider stated that a Botox injection had proven beneficial. The attending provider stated that the applicant was using Lexapro for depression and Sonata for insomnia. The attending provider stated that the applicant was responding well to introduction of Lexapro for issues with depression, anxiety, and insomnia. Flexeril was being used for antispasmodic effect, the treating provider contended. The treating provider also stated that the applicant was using Sonata on a nightly basis for insomnia. The applicant's work status was not reported, although it did not appear that the applicant was working. On August 10, 2015, the treating provider stated that the applicant was doing quite well with Lexapro usage, was compliant with the same, was appropriately alert and awake, and was not visibly agitated. Lexapro, Sonata, and cyclobenzaprine were endorsed. The applicant was status post receipt of Botox injections. The applicant was reportedly not using any opioids, it was stated. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro (unspecified dosage and quantity): 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)- TWC Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for Lexapro, an SSRI antidepressant, was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 402 antidepressants such as Lexapro may be helpful in alleviating symptoms of depression, as were seemingly present here. The attending provider did report on office visits of August 10, 2015 and June 16, 2015 that ongoing usage of Lexapro had proven beneficial in terms of augmenting the applicant's mood and/or ameliorating issues with depression and anxiety. The attending provider reported on June 16, 2015 that the applicant had responded very well to introduction of Lexapro. The applicant was described as not visibly agitated and appropriately alert and oriented on both June 15, 2015 and August 10, 2015. The attending provider's documentation did, thus, suggest, albeit incompletely, that the applicant had derived appropriate improvements in mood following introduction of Lexapro. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Sonata 10mg (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moore & Jefferson : Handbook of Medical Psychiatry 2nd ed., Mosby , Inc pp 230, 460.

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 & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: Conversely, the request for Sonata (zaleplon), a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that Sonata is recommended for short-term use purposes for up to 5 weeks. Here, thus, the renewal request for Sonata seemingly represented treatment in excess of the short-term role for which Sonata is espoused, per ODG's Mental Illness and Stress Chapter Insomnia Treatment topic. Therefore, the request was not medically necessary.

Flexeril (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 07/10/2014.

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

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents to include Sonata and Lexapro. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the renewal request for cyclobenzaprine represented treatment in excess of the "short course of therapy" for which cyclobenzaprine (Flexeril) is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.