MAXIMUS Federal Services

Case Number:	CM15-0067791		
Date Assigned:	04/15/2015	Date of Injury:	09/24/2007
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York
Certification(s)/Specialty: Anesthesiology

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 42 year old female who sustained an industrial injury on September 24, 2007. She has reported pain throughout the body and has been diagnosed with hypertension, large vessel hematocrit, insulin dependent diabetes mellitus, irritable bowel syndrome, hyperlipidemia, fibromyalgia, gastroesophageal reflux disease, and small hiatal hernia. Treatment has included medication. Currently the injured worker complains of pain throughout the body. The treatment request included multiple medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 10g #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs, Citalopram.

Decision rationale: Citalopram (Celexa) is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. In this case, there is documentation of depression, anxiety, and stress related medical complaints arising from the industrial injury. It has been noted that all of her medications, including Citalopram, have been beneficial in the treatment of her mental health conditions. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Temazepam 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia or indicating the duration of therapy with this medication. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Brintellix 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

Decision rationale: Brintellix (Vortioxetine) is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. In this case, there is documentation of depression, anxiety, and stress related medical complaints arising from the industrial injury. However, this patient is maintained on Citalopram, which is an SSRI. There is no specific indication for the treatment of depression and anxiety

with two (2) SSRI medications. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Xanax 0.5g #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Xanax (Alprazolam) is a short-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines limit use of this medication to four weeks. The documentation indicates the patient has depression and anxiety. The guidelines recommend that a more appropriate treatment for an anxiety and depression disorder would be an antidepressant, which this patient is currently taking. It has been noted that all of her medications, including Xanax, have been beneficial in the treatment of her mental health conditions. She is currently under the care of a mental health provider and is stable on her current regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Atarax 25g #30: 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 Medscape.

Decision rationale: Atarax (Hydroxyzine) is used as a sedative to treat anxiety and tension. It also acts as an antihistamine and used to treat allergic skin reactions. In this case, there is documentation of depression, anxiety, and stress related medical complaints arising from the industrial injury. It has been noted that all of her medications, including Atarax, have been beneficial in the treatment of her mental health conditions. Medical necessity for the requested medication has been established. The requested medication is medically necessary.