

Case Number:	CM13-0030428		
Date Assigned:	06/06/2014	Date of Injury:	01/08/2008
Decision Date:	07/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 44 year old female who injured her left shoulder on 9/26/06. She later was injured on 1/8/08 which involved her neck and upper back. She was treated with conservative treatment and later surgery on her left shoulder and left elbow, and with some benefit, but she continued to have chronic left shoulder and neck pain. She was diagnosed with musculoligamentous strain of the cervical spine, cervical disc bulge, left shoulder sprain/strain, and left cubital tunnel syndrome. By 9/2010, she had developed increasingly severe depression, anxiety, and insomnia as a result of her chronic pain, and saw a psychiatrist, who discovered that she had been having passive suicidal ideation, more use of alcohol, and had begun self-cutting behavior. She was diagnosed with severe major depressive disorder and was prescribed cognitive behavioral therapy and medications. The psychotherapy has since been discontinued due to lack of authorization. The only progress note available for review prior to the date of the request was on 7/15/13, when the worker saw her primary treating physician complaining of depression, anxiety, "physical pain", sleep disturbance, and social isolation. She reported no significant improvements in her complaints over the past 2 months, and reported that she experiences periodic depression, anxiety, and insomnia and had been benefitting from the medications prescribed her (risperidone, alprazolam, Ambien, Zoloft, Trazodone). She did not at the time have any suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR RISPERIDONE 1 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388-398.

Decision rationale: The MTUS ACOEM Guidelines do not discuss risperidone specifically, but does discuss using medications to treat psychological disorders. It states that a specialty referral may be necessary in cases of severe depression and schizophrenia or if mild to moderate psychological disorders continue to be uncontrolled after having been treated by the primary doctor for 6-8 weeks. Treatment with antipsychotic medications, which are used for severe psychiatric conditions, and sometimes for severe depression, is best done in conjunction with a specialty referral, and should be prescribed by a psychiatrist as it carries with it potentially serious side effects that should be considered before initiating it. The ODG also states that antipsychotic medication is not recommended as a first-line treatment, and using them as part of plan to treat depression provides only limited improvements, according to the latest research, and improved functioning with their use is minimal to none. In the case of this worker, she was clearly being seen by a psychiatrist, which was appropriate before initiating any antipsychotic medication. In my opinion as the reviewer, based on the trials using antipsychotics as an add on for major depression carries with it more risks than benefits, and other methods should be used to help reduce depression. The ODG also recognizes this same research. Therefore, the risperidone is not medically necessary. Trialing off (or weaning) of this medication, with the understanding that there may be a temporary withdrawal, is warranted to measure its true benefit in the medication regimen.

ALPRAZOLAM 0.5 MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, this medication category was used beyond the recommended duration, and is therefore not medically necessary. Weaning down on dosage and/or frequency may be warranted, and other methods for treating the anxiety should be considered.

1 PRESCRIPTION ZOLPIDEM TARTRATE 10 MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, Sedative Hypnotics and the Pain section, Zolpidem.

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 section, sedative hypnotics AND the Pain section, Zolpidem.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 3 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. The ODG also states that zolpidem specifically may be used for short-term (2-6 weeks) treatment of insomnia, but is, as all other sedative hypnotics, not recommended for long-term use. It also suggests that cognitive behavioral therapy should be an important part of an insomnia plan. In the case of this worker, her insomnia was related to her anxiety and depression primarily, according to the notes provided for review, and she had been using zolpidem chronically. Therefore, the zolpidem is not medically necessary, and directing the treatment plan towards reducing these symptoms with therapy, as opposed to using this medication chronically, would be prudent.