

Case Number:	CM13-0037344		
Date Assigned:	12/18/2013	Date of Injury:	04/09/2008
Decision Date:	03/25/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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:

This is a female patient with a date of injury of 4/9/08. A utilization review determination dated 9/30/13 recommends non-certification of Ambien. Medication management sessions once every 3 months for the next year or more on an as-needed basis were modified to once every 3 months for the next year. Xanax 0.5 mg #60 with 2 refills was modified to allow for 1 refill of Xanax 0.5 mg for the purpose of weaning. Wellbutrin was certified. A medication management report dated 9/16/13 identifies that the standard medications for anxiety, depression and sleep would be insufficient in subduing the patient's mental instability and inability to adequately control her emotions. Without the provision of major tranquilizers, she would likely remain unable to concentrate sufficiently to maintain emotional functioning and would remain emotionally overwhelmed and prone to mental deterioration with a destabilization of her emotional impairment. The patient also reported that, without these medications, her symptoms would escalate. Without the necessary medications, her depression, anxiety and sleep problems would worsen, destabilizing her condition and possibly worsening the residuals of permanent emotional impairment. The plan would be to review her medications with medication management sessions every three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions once every three (3) months for the next year or more on an as-needed basis: 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, Office Visits Section

Decision rationale: Regarding the request for medication management sessions once every 3 months for the next year or more on an as-needed basis, it should be noted that the previous utilization review modified this request to certify medication management sessions once every 3 months for the next year. California MTUS does not specifically address the issue. The Official Disability Guidelines (ODG) supports office visits as determined to be medically necessary, but notes that, as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Within the documentation available for review, there is documentation that the patient is being treated with medications for depression, anxiety and sleep problems. However, there is no clear rationale for medication management sessions any more frequently than once every 3 months for the next year as recommended in the previous utilization review, as the need for ongoing treatment should be periodically reevaluated and documented. Unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested medication management sessions once every 3 months for the next year or more on an as-needed basis is not medically necessary.

Ambien 10 mg #30: 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, Zolpidem Section.

Decision rationale: Regarding the request for Ambien, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. The Official Disability Guidelines (ODG) recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. Within the documentation available for review, there is no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Ambien treatment. Finally, there is no indication that Ambien is being used for short-term use only as recommended by ODG. In the absence of such documentation, the currently requested Ambien is not medically necessary.

Xanax 0.5 mg #60 with two (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 Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for Xanax 0.5 mg #60 with 2 refills, it should be noted that this was modified to allow for 1 refill of Xanax 0.5 mg for the purpose of weaning by the prior utilization review. California MTUS cites that 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... A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is documentation of anxiety. However, there is no clear evidence of efficacy and a rationale for the long-term use of this benzodiazepine. The previous utilization review recommended a modified certification of Xanax for the purpose of weaning. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Xanax 0.5 mg #60 with 2 refills is not medically necessary.