MAXIMUS Federal Services

Case Number:	CM13-0044414		
Date Assigned:	12/27/2013	Date of Injury:	09/07/2010
Decision Date:	03/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 and is licensed to practice in Texas. 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:

The patient is a 48-year-old female who reported an injury between 09/07/2009 and 09/07/2010. The mechanism of injury was exposure to carbon monoxide. The patient was diagnosed with major depressive disorder, single episode, moderate; generalized anxiety disorder; and dementia due to a general medical condition, i.e., carbon monoxide exposure, chronic. The patient experienced visual problems including double vision, decreased balance, disorientation, bumping into objects, avoiding reading and needlepoint work, difficulty with time management, headaches, tendency to knock things over, burning and itching eyes, motion sickness, dizziness, and loss of objects and belongings. The patient was diagnosed with binocular vision defects. The patient is now wearing therapeutic glasses. The patient reported she is doing better. She continues to feel the EnLyte was very helpful for her depression. She continues on Cymbalta 120 mg and Lunesta for sleep. The patient reported she requires the Lunesta 3 or 4 times a week. She reported she continues to try to reduce her frequency of medication. The patient reported she did feel, in general, there was improvement in depressive symptoms and her level of anxiety had diminished. She reported she continues to deal with cognitive issues and feels she is still having memory issues, but did report improvement in those areas. The patient's mood/affect seemed brighter. The patient was recommended for continuation of medication and a continuation of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg, qHS: 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) Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

Decision rationale: CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state Lunesta has demonstrated reduced sleep latency and sleep maintenance. The guidelines recommend dosing at 1 to 2 mg for difficulty falling asleep, and 2 to 3 mg for sleep maintenance. The patient reported improvement in symptoms of depression and anxiety. However, the documentation does not indicate if the patient has tried 1 to 2 mg trial. Given the lack of documentation to support guideline criteria, the request is noncertified.

EnLyte, 1, qAM, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/enlyte.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/enlyte.html.

Decision rationale: CA MTUS/ACOEM, nor the ODG, addresses the request. Research indicates EnLyte is an orally administered prescription vitamin containing other dietary ingredients specifically formulated to meet the distinct nutritional requirements of patients who are in need of increased folate levels. EnLyte may be administered only under the supervision of a licensed medical practitioner. The patient reported an improvement in anxiety and depression symptoms. However, the clinical documentation submitted for review does not indicate a nutritional requirement of folate. Given the lack of documentation to support guideline criteria, the request is noncertified.