

Case Number:	CM13-0050623		
Date Assigned:	12/27/2013	Date of Injury:	05/30/2008
Decision Date:	03/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/13/2013

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 Psychiatry and is licensed to practice in New York. 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 claimant is a 46-year-old woman with date of injury of 5/30/2008 reporting subsequent back, neck and various upper limb pains. At some point during 2012 in the context of ongoing severe depression the patient attempted suicide by overdose. Later that year and into 2013 the patient had lessening of suicidal ideation but remains with depression and anxiety symptoms. The note of 9/2013 states that the claimant had continuing anxiety and an inability to sleep despite Ativan and antidepressant medication. The decision was made to switch Ativan to Klonopin and add Ambien & Trazodone. The patient was to remain on Zoloft as well. It wasn't clear to the treating psychiatrist at that point whether all the medications the patient was on, specifically the controlled substances, were helping or not. And thus the suggestion is made for admission for detox (presumably from narcotics and benzodiazepines) and medication optimization. Notes from 10/14/2013, report that the patient is doing better on the Klonopin 2mg three times a day and Ambien CR 12.5mg at night with less depression and improved sleep. Over the past year the patient has been on high doses of both Klonopin and Ativan both of which have not been all that effective or tolerable (4/1/13 Klonopin was stopped due to it being overly sedating.)

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription to switch to Klonopin 2mg #90 and stop Ativan: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain chapter Page(s): 24. Decision based on Non-MTUS Citation American Psychiatric Association Treatment of Patients With Major Depressive Disorder Guidelines, pg. 20.

Decision rationale: The MTUS/ACOEM guidelines for chronic pain state that long-term benzodiazepine use is "not recommended." The APA guidelines for depression cautiously state "benzodiazepines may be used adjunctively in individuals with major depressive disorder and co-occurring anxiety." However in this case the medications are not helpful and have likely lead to an iatrogenic dependence. The request for one prescription to switch to Klonopin 2mg #90 and stop Ativan is not medically necessary and appropriate.

One prescription of Ambien CR 12.5 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA:
<http://www.fda.gov/drugs/drugsafety/ucm352085.htm>

Decision rationale: Based on the medical records provided for review it is not clear whether or not preferred treatments such as CBT and sleep behavior modification have been instituted. Nevertheless, recent FDA guidelines recommend that in women, Ambien dose should not exceed 5mg for instant release and 6.25mg for sustained release. The request for one prescription of Ambien CR 12.5mg is not medically necessary and appropriate.

Consideration for hospitalization at [REDACTED]

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

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, Hospital length of stay (LOS).

Decision rationale: Based on the medical records provided for review the patient is dependent on at least benzodiazepines and narcotics and for these dependencies admission is generally indicated. The Official Disability Guidelines (ODG) for Mental Illness and Stress does recommend a best practice target of a 5-day length of stay for inpatient detoxification assuming no complications. The request for consideration for hospitalization at [REDACTED] for detoxification and medication optimization is medically necessary and appropriate.