

<b>Case Number:</b>	CM13-0063696		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 licensed in Psychology, 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 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 patient is a 53-year-old female who reported injury on 01/06/2012. This exact mechanism of injury was not provided. The patient was under psychiatric care for a major depressive disorder single episode mild, generalized anxiety disorder, female hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and chronic pain and psychological factors affecting medical condition, gastrointestinal disturbances and headaches as of 08/07/2012. The documentation of 01/2013 revealed the patient was on trazodone and Zoloft as of that date. The documentation of 06/15/2013 revealed the medication Ambien was being refilled; however, there was a lack of documentation for the duration the patient had been on the Ambien. The physician indicated the patient had a sad and anxious mood, the patient was apprehensive and appeared tired, had poor concentration and bodily tension. The patient was preoccupied with their physical condition and limitations as well as levels of pain. The patient reported persisting symptoms of anxiety, depression and insomnia for which the patient was in need of continued treatment. The patient reported death thoughts and persisting pain which increased her risk for suicide

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg QTY:60:** 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, Ambien

**Decision rationale:** Official Disability Guidelines indicates Ambien it is for the short-term treatment of insomnia, generally 2 - 6 weeks. Clinical documentation submitted for review indicated the patient needed the Ambien to sleep. However, there was a lack of documentation of the efficacy and objective benefit the patient received from the medication. Given the above, the request for Ambien 10 mg quantity 60 is not medically necessary.

**Zoloft 180 QTY: 90:** 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 Anti-depressants Page(s): 13.

**Decision rationale:** California MTUS guidelines indicate the medication is appropriate for the treatment of pain; however, the patient is taking the medication for depression. As such, secondary guidelines were sought. Official Disability Guidelines indicate that sertraline is recommended as a first line option for major depressive disorder. The patient was noted to be taking the medication since 01/2013. The patient indicated that their mood was stable with the medication per the patient. However, there was a lack of documentation of objective functional benefit of the medication as the physician indicated the patient had a sad and anxious mood, the patient was apprehensive and appeared tired, had poor concentration and bodily tension. The patient was preoccupied with their physical condition and limitations as well as levels of pain. The patient reported persisting symptoms of anxiety, depression and insomnia for which the patient was in need of continued treatment. The patient reported death thoughts and persisting pain which increased her risk for suicide. Given the above and the lack of documentation of objective benefit received from the medication, Zoloft 180 mg quantity 90 is not medically necessary.

**Trazodone 50mg QTY: 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 Anti-depressants Page(s): 13.

**Decision rationale:** California MTUS Guidelines indicate that antidepressants are appropriate for the treatment of chronic pain. California MTUS Guidelines indicate that trazodone is a selective serotonin reuptake inhibitor and it may have a main role of addressing psychological symptoms associated with chronic pain. The patient was noted to be taking the medication since

01/2013. It was indicated the patient's mood was stable with the medication, per the patient. The physician indicated the patient had a sad and anxious mood, the patient was apprehensive and appeared tired, had poor concentration and bodily tension. The patient was preoccupied with their physical condition and limitations as well as levels of pain. The patient reported persisting symptoms of anxiety, depression and insomnia for which the patient was in need of continued treatment. The patient reported death thoughts and persisting pain which increased her risk for suicide. However, there was a lack of documentation indicating objective functional benefit received from the medication. Given the above, the request for trazodone 50 mg quantity 30 is not medically necessary.