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| Case Number: | CM14-0007227 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 10/24/2001 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/21/2014 |

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 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 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 injured worker is a 63-year-old female who reported an injury of unknown mechanism on 12/24/2001. On 04/03/2014, her diagnoses included chronic pain syndrome, chronic insomnia, depression, neuralgia, bilateral ankle pain and plantar fasciitis. Her medications included Zaleplon 5 mg for insomnia, ibuprofen 800 mg, Neurontin 300 mg for neuropathic pain and citalopram 20 mg for depression. Regarding her insomnia, she stated that it took her somewhere between 30 and 60 minutes to fall asleep, she did not watch TV prior to going to sleep, she awakened on the average of 4 times per night and did not sleep during the day. On 05/31/2014, her DSM-5 diagnoses included somatic disorder with predominant pain, and major depressive disorder, secondary to severe industrial injury. The progress note stated that this worker was severely anxious and depressed and that she isolated herself most of the time. Her emotional distress was putting a strain on her marriage and she had feelings of worthlessness and guilt. She was exhibiting irritability and anger. She did experience suicidal ideation, but her religious beliefs prevented her from acting on her thoughts. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram HBR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 15 Stress Related Conditions, page 398-404. The Expert Reviewer's decision rationale: The California ACOEM Guidelines suggest that "brief courses of antidepressants may be helpful to alleviate symptoms of depression. Antidepressants have many side effects and can result in decreased work performance or mania in some people." Incorrect diagnosis of depression is the most common reason for antidepressants being ineffective. Long-standing character issues, not depression may be the underlying issue. The submitted documentation revealed that this worker has been taking citalopram since 05/07/2013, which exceeds the recommendations in the guidelines of a brief course of therapy. Additionally, the request did not include frequency of administration or quantity of medication. Therefore, this request for citalopram HPR 20 mg is not medically necessary.

Zaleplon 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation official disability guidelines.

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

Decision rationale: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Mental & Stress, Insomnia treatment. The Expert Reviewer's decision rationale: The Official Disability Guidelines recommend that "pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zaleplon, a non-benzodiazepine sedative-hypnotic, which are first line medications for insomnia. They may have similar efficacy to benzodiazepines with fewer side effects and shorter duration of action. Zaleplon reduces sleep latency. This medication has a rapid onset of action. Short term use (7 to 10 days) is indicated with a controlled trial showing effectiveness for up to 5 weeks. The submitted documentation revealed that this worker has been taking Zaleplon since 05/07/2013, which exceeds the recommendations in the guidelines." Additionally, no frequency of administration or quantity of medication was specified in the request. Therefore, this request for Zaleplon 5 mg is not medically necessary.