

Case Number:	CM14-0008006		
Date Assigned:	02/07/2014	Date of Injury:	04/27/2011
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
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 Anesthesiology, 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 patient is a 38-year-old male who has submitted a claim for psychic factors associated with diseases classified elsewhere and depressive disorder, not elsewhere classified associated with an industrial injury date of April 27, 2011. The patient is being treated for persistent left L5 radiculopathy and has underwent lumbar spine surgery. A psychological evaluation was done; the diagnoses were depressive disorder not otherwise specified (NOS) with anxiety and psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back muscle tension/pain, shortness of breath, palpitations and abdominal pain/cramping). Treatment plan includes prescription for Ambien and Seroquel. Treatment to date has included oral analgesics, physical therapy, home exercise program, lumbar spine surgery and lumbar spine injections. Utilization review from January 6, 2014 was not available from the documents submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG QTY #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), 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) Mental Illness and Stress Chapter, Zolpidem

Decision rationale: According to the Official Disability Guidelines, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is a concern that they may increase pain and depression over the long-term. In this case, the patient was prescribed with Ambien; however, the indication for which was not mentioned. There was also no discussion regarding the patient's sleep hygiene. The medical necessity has not been established due to lack of information. Therefore, the request for Ambien 10mg Qty #30 is not medically necessary.

SEROQUEL 25MG QTY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Expres Scripts, <http://www.express-scripts.com/custom/expresscompnh>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration, Seroquel

Decision rationale: The Food and Drug Administration (FDA) states that Seroquel is indicated for acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; and monotherapy for the acute treatment of depressive episodes associated with bipolar disorder. In this case, the patient was diagnosed with depressive disorder not otherwise specified (NOS) with anxiety and psychological factors affecting medical condition. There was no evidence of bipolar disorder in this patient based on the medical records submitted. The medical necessity has not been established. Therefore, the request for Seroquel 25mg Qty #30 is not medically necessary.