

Case Number:	CM14-0103535		
Date Assigned:	09/16/2014	Date of Injury:	04/02/2004
Decision Date:	10/06/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/03/2014

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 Occupational Medicine 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:

This patient is a 60 year old female who developed chronic pain and depression subsequent to a slip and fall on 4/2/04. She has been diagnosed with bilateral rotator cuff tears, carpal tunnel syndrome, chronic pain and major depression. She has been treated with shoulder surgery and is currently in psychotherapy for her depression. She is reported to have improved overall, but the level of depression varies over time. She is reported to have suicidal ideation on a periodic basis. Her medications include: Norco, Soma, and Duloxetine. She is reported to have increased insomnia upon discontinued use of Ambien. As an aspect of the psychotherapy there is no reporting of cognitive therapy for insomnia. The Psychiatrist has requested 6 monthly visits and renewed hypnotic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six psychotherapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101, 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Major Depression-Severe Presentation.

Decision rationale: MTUS Guidelines support psychological treatment for chronic pain in combination with depression. MTUS Guidelines do not provide recommendations on length of treatment. ODG Guidelines provide additional details regarding length of treatment and it states that episodes of severe depression should be treated without a time limit on treatment. The request for monthly visits does not appear excessive and unreasonable given the reported severity of depression. The request for 6 monthly sessions is consistent with Guidelines and is medically necessary.

Zolpidem XR 12.5mg #30: Overturned

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) Stress and Mental Illness, Insomnia Treatment

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines does address this issue and does allow for the long term use if hypnotic medications for "secondary insomnia" i.e. that is caused by depression or other psychological issues. Guidelines strongly recommend concurrent cognitive therapy for insomnia, but the Guidelines do not state that this is mandatory with secondary insomnia. Under these circumstances the use of Zolpidem XR 12.5mg is consistent with Guidelines and is medically necessary.