

Case Number:	CM14-0109225		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2010
Decision Date:	09/26/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 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:

The injured worker is a 37 year old male who reported an injury to his inguinal region. The utilization review dated 06/30/14 indicates the request for 12 psychotherapy sessions was modified for an approval of 6 individual psychotherapy sessions. The request for Ambien resulted in a non-certification. The note indicated the injured worker having undergone multiple hernia repairs. There is an indication the injured worker has complaints of ongoing depression. The clinical note dated 05/07/14 indicates the injured worker complaining of low back pain that was rated as 6-10/10. Cramping was also identified in the calf muscles of both lower extremities. Radiating pain was identified from the low back into both lower extremities. The clinical note dated 09/13/13 indicates the injured worker had been utilizing Trazadone as well as Ambien to address the injured worker's sleep disorder. The injured worker was also utilizing Ativan at that time as well. The clinical note dated 06/25/14 indicates the injured worker complaining of bilateral shoulder pain. The injured worker also reported neck and upper back as well as low back pain. The note does indicate the injured worker continuing with ongoing complaints of discomfort at the groin on both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual Psychotherapy Sessions Between 6/24/14 and 10/22/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request for 12 psychotherapy sessions is non-certified. The documentation indicates the injured worker having previously been approved for 6 psychotherapy sessions. Additional psychotherapy is indicated provided the injured worker meets specific criteria to include an objective functional improvement through the initial course of treatment. No information was submitted regarding the injured worker's BDI or BAI scores indicating improvements in terms of anxiety or depression. Without this information in place, it is unclear if the injured worker would benefit from additional treatment at this time. Therefore, this request is not indicated as medically necessary.

Ambien 10mg #30 Between 6/24/10 and 10/22/14: 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): Mental Illness and Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain (Chronic), Zolpidem (Ambien®).

Decision rationale: Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg cannot be recommended as medically necessary.