

Case Number:	CM14-0131823		
Date Assigned:	08/20/2014	Date of Injury:	10/16/2008
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/18/2014

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 Family 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:

Patient is a 64-year-old female who has submitted a claim for Post-traumatic stress disorder with elements of depression; Left shoulder adhesive capsulitis with partial rotator cuff tear; and hypertension, associated with an industrial injury date of 10/16/2008. Medical records from 2011 to 2014 were reviewed. However, the official progress reports of the primary treating physician were not included in the documents submitted. A psychiatric evaluation-panel QME dated 06/24/14 provided the necessary information for this determination instead. On 10/16/08, patient was attacked by a client, who grabbed her by the throat and she sustained an injury to the left shoulder as she was trying to escape from the assailant. Immediately after the injury, the patient started to experience significant anxiety, fear and apprehension which gradually increased, with the symptoms consistent with PTSD. Patient's depression and anxiety exacerbated to a point, prompting psychiatric evaluation and treatment. Interval history showed that patient have had several additional sources of stress including problems with her husband, problems with citizenship, fear for her relatives in Ukraine due to the recent military actions and the feeling of being a burden to her daughter due to her illness. There has not been any significant improvement in patient's depression, anxiety and mood symptoms and she continued to experience significant depression, anxiety and mood symptoms for which she remains in need of ongoing psychiatric treatment. Latest psychiatric progress report dated 07/02/14 noted patient came in for a psychopharmacological follow-up. The issue of her citizenship as well as issues with relatives in Crimea is noted to have been the cause for changes in patient's mood. Psychiatric testing using the Beck Anxiety Inventory was done with results consistent with severe anxiety. Diagnosis was PTSD with elements of depression and plan was to continue medications with follow-up after about a month. Treatments to date included acupuncture, cortisone injection to the left shoulder, psychotherapy and medications (Klonopin and Paxil since

2011, Ambien since Jan 2012 and Remeron since December 2012). Utilization review dated 07/31/14 denied the request for Zolpidem 5mg #30 because there is no documentation or rationale that the requested medication is required for the treatment of the injury of 10/16/08.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #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:Pain Chapter, Zolpidem

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, Zolpidem (Ambien)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence Hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. Zolpidem is used as a short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. However it can be habit-forming and they may impair function and memory and there have been concerns that they may increase pain and depression over the long term. In this case, patient has been on Zolpidem since 01/08/12. Patient have had no improvement, albeit an increase in the severity of her reported depression and anxiety, noted to have worsen after recent events including but not limited to her problems with her husband, recent events in Crimea, problems with her citizenship and unemployment, as reflected in the psychiatric evaluation submitted. There has been no documentation submitted indicating that the medication was required for the treatment of the injury of 10/16/08. Likewise, the ODG does not recommend the long-term use of this medication as it may worsen depression over its long term use. Therefore, the request for Zolpidem 5mg #30 is not medically necessary.