

Case Number:	CM14-0139560		
Date Assigned:	10/13/2014	Date of Injury:	10/18/2012
Decision Date:	11/26/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/28/2014

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 Psychiatry & Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

Records reviewed include 239 pages of medical and administrative records. The injured worker is a 54 year old female whose date of injury is 10/18/2012 while employed as an operations manager. During the previous years she sustained injuries to the right elbow/wrist/neck, left shoulder, spine, and right thigh. On the date of injury above, while sitting at a table on a bench it began to roll to her right. Others pulled the bench back to the left, a table latch jammed the lateral aspect of her left knee cap and pushed it medially, lifting the knee cap forward and causing a tear of the anterior cruciate ligament. She was treated conservatively and surgically. She developed psychiatric symptoms of depression with daily crying episodes lasting, per patient report, up to 3 hours, and was started on antidepressants. Her diagnoses are major depressive disorder single episode moderately severe, panic disorder with agoraphobia. Medical history is positive for high cholesterol and GERD. A psychiatric consult of 09/09/13 reported the patient's symptoms of anxiety and depression manifested by irritability, panic attacks, and agoraphobia, crying episodes, insomnia due to pain, memory/concentration difficulties, increased weight, appetite low, decreased sociability and sexual activity. Medications included Celexa 20mg, Ativan 1mg, and Ambien 10mg. Psychiatric follow-up notes of from 10/19/13, 12/04/13, and on through 03/26/14 all report that the patient's depression, crying episodes, insomnia, panic attacks and agoraphobia were all reduced. Memory and concentration were lowered, and she remained on the same medications. On 11/25/13, she had an initial psychological evaluation. The patient related that she had been better recently due to psychotropic meds, surgery, and bilateral shoulder injections. On 02/21/14, the results of a sleep study showed that there was evidence of obstructive sleep apnea syndrome. There was no psychiatric note for April 2014, and a note on 05/21/14 reported no new symptomatology. In addition it was noted the same reduction in

symptoms above and complaints of memory/concentration lowering; however, she was somewhat less tense and dysphoric. She remained on Ativan 1mg QID PRN anxiety, Ambien 10mg, and Celexa 20mg QHS for depression. On 06/17/14, there was an initial psychiatric QME and symptoms included sadness, anxiety, worry about the future, isolation, and trouble sleeping. The patient found the Ativan helpful with her anxiety but reported that Ambien does not help due to pain. Beck Anxiety Inventory=51 (severe), Beck Depression Inventory=53 (severe). A QME of 07/01/14 recommended continuing Celexa, giving her CBT 8-12 sessions, and have her evaluated by a sleep specialist. On 09/08/14 follow-up psychiatric consultation report shows that the patient had no new symptoms or side effects, and no change in her medications. On 09/23/14, the patient reported ongoing fear of running into a coworker, and she and her husband were considering moving from their home of 20 years. The reason for this is unclear. Celexa had been increased, and she was still on Ativan TID/prn and Ambien HS/prn. Burns Depression=60 (severe), Burns Anxiety or Panic=67 (extreme).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lorazepam 1mg #120 provided on 4/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: There is no psychiatric note to support this request for April 2014. The patient has documented complaints of anxiety and panic attacks with agoraphobia. According to records reviewed, she has been prescribed lorazepam since at least 09/09/13 (the time of her initial psychiatric consultation) which exceeds the MTUS guideline of 4 weeks. Per MTUS, a more appropriate treatment for an anxiety disorder is an antidepressant, and the patient's regimen contains Celexa. Additionally, there is no evidence that other measures have been attempted to teach the patient coping skills (e.g. cognitive behavioral therapy). There is also mention of the patient suffering from sleep apnea. If this is the case, benzodiazepines would be contraindicated due to its potential worsening effect on the sleep apnea. As such, this request is not medically necessary.

Retrospective Zolpidem Tartrate 10mg #30 provided on 4/21/14: 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), Pain, Zolpidem

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 & Stress, Zolpidem.

Decision rationale: Records reviewed show that the patient has documented sleep difficulties. She has been prescribed Zolpidem since at least 09/09/2013 (initial psychiatric consultation). There is no progress note to support this request for April 2014. Per Official Disability Guidelines (ODG), it is recommended for short term use of 2-6 weeks, may be habit forming, and may worsen pain and depression. In fact, in her QME of 06/17/14 the patient reported that the Ambien was not effective due to pain. There is no evidence that other methods have been attempted, e.g. sleep hygiene, relaxation, etc. Therefore, this request is not medically necessary.

Retrospective Lorazepam 1mg #120 provided on 5/19/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: There is no psychiatric note to support this request for 05/21/2014. The patient has documented complaints of anxiety and panic attacks with agoraphobia. According to records reviewed, she has been prescribed lorazepam since at least 09/09/13 (the time of her initial psychiatric consultation) which exceeds the MTUS guideline of 4 weeks. Per MTUS, a more appropriate treatment for an anxiety disorder is an antidepressant, and the patient's regimen contains Celexa. Additionally, there is no evidence that other measures have been attempted to teach the patient coping skills (e.g. sleep hygiene, cognitive behavioral therapy). There is also mention of the patient suffering from sleep apnea. If this is the case, benzodiazepines would be contraindicated due to its potential worsening effect on the sleep apnea. As such, this request is not medically necessary.

Retrospective Zolpidem Tartrate 10mg #30 provided on 5/19/14: 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), Pain, Zolpidem

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 & Stress, Zolpidem

Decision rationale: Records reviewed show that the patient has documented sleep difficulties. She has been prescribed Zolpidem since at least 09/09/2013 (initial psychiatric consultation). There is no progress note to support this request for 05/21/2014. Per Official Disability Guidelines (ODG), it is recommended for short term use of 2-6 weeks, may be habit forming, and may worsen pain and depression. In fact, in her QME of 06/17/14 the patient reported that the Ambien was not effective due to pain. There is no evidence that other methods have been attempted, e.g. sleep hygiene, relaxation, etc. Therefore, this request is not medically necessary.

Retrospective Lorazepam 1mg #120 provided on 6/18/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: There is no psychiatric note to support this request for 06/17/2014. The patient has documented complaints of anxiety and panic attacks with agoraphobia. According to records reviewed, she has been prescribed lorazepam since at least 09/09/13 (the time of her initial psychiatric consultation) which exceeds the MTUS guideline of 4 weeks. Per MTUS, a more appropriate treatment for an anxiety disorder is an antidepressant, and the patient's regimen contains Celexa. Additionally, there is no evidence that other measures have been attempted to teach the patient coping skills (e.g. sleep hygiene, cognitive behavioral therapy). There is also mention of the patient suffering from sleep apnea. If this is the case, benzodiazepines would be contraindicated due to its potential worsening effect on the sleep apnea. As such, this request is not medically necessary.

Retrospective Zolpidem Tartrate 10mg #30 provided on 6/18/14: 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). Pain, Zolpidem

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 & Stress, Zolpidem

Decision rationale: Records reviewed show that the patient has documented sleep difficulties. She has been prescribed zolpidem since at least 09/09/2013 (initial psychiatric consultation). There is no progress note to support this request for 06/18/2014. Per ODG, it is recommended for short term use of 2-6 weeks, may be habit forming, and may worsen pain and depression. In fact, in her QME of 06/17/14 the patient reported that the Ambien was not effective due to pain. There is no evidence that other methods have been attempted, e.g. sleep hygiene, relaxation, etc. As such, this request is noncertified. MTUS does not reference zolpidem. ODG: Not recommended for long-term use, but recommended for short-term use. Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers.