

Case Number:	CM14-0164815		
Date Assigned:	10/09/2014	Date of Injury:	03/01/2009
Decision Date:	11/28/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, generalized anxiety disorder, chronic elbow pain, carpal tunnel syndrome, and chronic hand pain reportedly associated with an industrial injury of March 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; earlier elbow epicondylar release surgery; psychotropic medications; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 16, 2014, the claim administrator failed to approve request for Restoril while approving a request for Viagra. In a progress report dated April 27, 2014, the applicant was asked to remain off of work owing to ongoing complaints of anxiety and depression. The applicant was given prescriptions for Zoloft, Ativan, Wellbutrin, Restoril and Viagra. Viagra was being endorsed for erectile dysfunction, Ativan for anxiety, Wellbutrin for depression, and Restoril for insomnia. It was stated that the applicant had been using his current psychotropic medications for approximately two years. In a medical progress note dated August 15, 2014, the applicant was again placed off work, on total temporary disability owing to ongoing complaints of elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant has seemingly been using Restoril for a span of two years, per the attending provider's progress note of January 27, 2014 for sedative effects. This is not an ACOEM-endorsed role for Ambien. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish any rationale for provision of two separate anxiolytic medications, Ativan and Restoril. Therefore, the request was not medically necessary.