

Case Number:	CM14-0166383		
Date Assigned:	10/13/2014	Date of Injury:	04/28/2012
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 groin pain reportedly associated with an industrial injury of June 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; herniorrhaphy procedure in 2012; and trigger point injection therapy. In a Utilization Review Report dated September 9, 2014, the claims administrator partially approved a request for Xanax, approved a request for Luvox, partially approved a request for Ambien, and approved a request for Cialis. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant reported ongoing complaints of depression. The applicant stated that his obsessive compulsive disorder was a little bit better. The applicant was pulling her hair less. The applicant was still washing his hair repeatedly and was taking three showers a day. The applicant's teeth grinding was improved. The applicant was able to interact with his children but stated that he did not want to socialize with others. The applicant was asked to employ Luvox for obstructive compulsive disorder. It was stated that the applicant should titrate Luvox upward while tapering Cymbalta downward. The applicant was asked to continue Ambien for insomnia and Xanax for anxiety. Cialis was endorsed for sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5 mg # 75: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the attending provider and/or applicant appear intent on employing Xanax for chronic, long-term, and scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. Therefore, the request for Xanax 0.5 mg # 75 is not medically necessary and appropriate.

Ambien 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 (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do note that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Ambien is not, thus, indicated for the chronic, long-term, and/or scheduled use purpose for which it is seemingly being employed here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. In this case, the attending provider has failed to outline a compelling case for provision of two separate sedative/anxiolytic agents, Xanax and Ambien. Therefore, the request for Ambien 5mg # 30 is not medically necessary and appropriate.

Luvox 100 mg # 15: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes "weeks" for antidepressants to exert their maximal effect. In this case, the request for Luvox does seemingly represent a first-time request for the same. The attending provider wrote in his August 2014 progress note, referenced above, that Luvox was being titrated upward and that Luvox had yet to reach maximum dosage. Introduction and/or titration of the same are indicated, given the applicant's issues with depression and obsessive compulsive disorder. Therefore, the request of Luvox 100 mg # 15 is medically necessary and appropriate.