

<b>Case Number:</b>	CM14-0177261		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	12/06/2003
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 a Board Certified Psychiatrist and is licensed to practice in Massachusetts. 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 56-year-old female who reported an injury of an unspecified mechanism on 12/06/2003. On 09/23/2014, her diagnoses included major depressive disorder and pain disorder. Her medications included Adderall 10 mg, alprazolam 1 mg, bupropion 150 mg, Norco 10/325 mg, hydroxyzine 25 mg, Maxalt 10 mg, MiraLax 17 gm per dose, pravastatin 20 mg, Soma 350 mg, venlafaxine 150 mg, and zolpidem 12.5 mg. In a psychiatric evaluation on 05/07/2014, it was recommended that she have monthly appointments with her psychotherapist for the next year, after which she should have 6 appointments annually. It was further recommended that she continue appointments with a psychologist twice per month for the next 6 months, and then monthly for the following year. There was no rationale included in this injured worker's chart. A Request for Authorization dated 09/23/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #60:** Upheld

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

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

**Decision rationale:** The request for zolpidem 10 mg #60 is not medically necessary. Per the Official Disability Guidelines, zolpidem is a short acting nonbenzodiazepine hypnotic which is approved for short term treatment of insomnia (usually 2 to 6 weeks). While sleeping pills - so called minor tranquilizers - are commonly prescribed for chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they can impair function and memory more than opioid pain relievers. There was also concern that they may increase pain and depression over the long term. The recommendations further state that the dose of zolpidem for women should be lowered to 5 mg. Additionally, zolpidem has been linked to a sharp increase in emergency room visits, so it should be used safely for only a short period of time. The submitted documentation revealed that this injured worker has been taking zolpidem for greater than 6 months. This exceeds the recommendations in the guidelines, as does the requested 10 mg dosage. Additionally, the request did not include frequency of administration. Therefore, this request for zolpidem 10 mg #60 is not medically necessary.

**Medication Management:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cornerstones of Disability Prevention and Management, Clinician's Role Page(s): 77-89.

**Decision rationale:** The request for medication management is not medically necessary. The California ACOEM Guidelines note that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The need for medical management was not clearly demonstrated in the submitted documentation. Therefore, this request for medication management is not medically necessary.

**Psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

**Decision rationale:** The request for psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effects on pain interference and long term effects on return to work. The

Official Disability Guidelines do recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 to 20 visits over 7 to 20 weeks if progress is being made with up to 50 sessions in cases of severe major depression. This injured worker has participated in an unknown number of psychotherapy visits over an undetermined period of time. The request did not specify a number sessions or a time frame for the psychotherapy. Therefore, this request for psychotherapy sessions is not medically necessary.