

Case Number:	CM14-0048230		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2006
Decision Date:	07/18/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 claimant was injured on 08/17/06 in an automobile accident. Her medications are under review. She has a history of a head injury and required supportive psychotherapy. She also has a history of traumatic seizures, olfactory hallucinations and posttraumatic depression. She has a history of neck and low back symptoms. She has a history of peripheral neuropathy in the upper extremities with entrapment of the median nerve. She was diagnosed with bipolar disorder. She has required the use of multiple medications. She has a diagnosis of organic mental disorder and cognitive disorder. She has been very depressed with an unstable and labile affect. On 02/20/14, there is a supplemental report by [REDACTED]. In 2013, the claimant continued to require pain medication. She was advised to have carpal tunnel surgery but refused it. She remained profoundly withdrawn and depressed in 2013 and continued on Klonopin, Ambien, Nuedexta, Effexor XR, and Latuda. She received some training in exercising and the psychosocial elements of pain management. On 11/08/13, [REDACTED] stated that her neurologic exam was normal. It was very probable that a significant portion of her symptoms was related to the underlying mood disorder. Her psychiatric disability was under assessment. On 11/12/13, she reported to [REDACTED] that she had difficulty getting her prescriptions filled particularly the Latuda which augmented the antidepressant. She stated that she would become more depressed without it and less depressed when she had it. She was taking Ambien and Klonopin infrequently. She also has a history of methamphetamine and cocaine abuse. She had an inpatient diagnostic assessment with negative five-day EEG monitoring. On 01/07/13, she was totally temporarily disabled and was permanent and stationary as she had responded positively. She was receiving treatment with [REDACTED] and once monthly therapy with [REDACTED]. She received an impairment rating. On 08/04/13, she was not back to work but was on Effexor and Ambien. There was no integrated treatment plan. Her ability to commit to a highly structured

and organized treatment plan was unclear. This made her treatment difficult and complicated. On 02/14/14, she saw [REDACTED] and reported severe anxiety and depression related to ongoing stress. She had financial difficulties. She was taking Ambien at bedtime for insomnia, Klonopin 1 daily for anxiety and panic attacks and she stated she used it on a very limited basis. She was given 20 with 1 refill. For her depression she was taking Effexor and Nuedexta. She was also given Latuda for depression. She was anxious and irritable. Her weight was normal. She remained totally disabled. On 03/11/14, Effexor was certified and Ambien, Latuda, and Klonopin were modified. The refills were not certified. She had been using Ambien for over one year and her dose was twice the dosage recommended for women. Continuation of Ambien was not recommended. Weaning was recommended. Latuda is an atypical antipsychotic medication. It had been increased due to lack of adequate response but there was no improvement. She still had severe symptoms. Weaning was recommended. Klonopin was not recommended for treatment of anxiety disorder. Continued weaning was recommended. [REDACTED] doubted the diagnosis of bipolar.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription refill of Ambien 10mg #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 (acute & chronic), Insomnia Treatment.

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

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Ambien. The benefit to the claimant of ongoing use of this medication relative to her chronic condition and her symptoms has not been shown. There is no documentation of her pattern of use and she takes it when needed but it is not clear under what circumstances she takes it or how it helps her. The ODG Formulary states "Ambien (Zolpidem) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit." Long term use is not supported by the ODG. Weaning has been recommended and should be undertaken. The medical necessity of the ongoing use of Ambien has not been clearly demonstrated.

1 Prescription of Latuda 40mg #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), Mental Illness & Stress (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014: Latuda.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of Latuda, an atypical antipsychotic that may be recommended for bipolar disorder. In this case, the diagnosis of bipolar disorder is questionable. The benefit to the claimant of the use of Latuda is unknown. She was given an increased dose (20 mg increased to 40 mg) and there was no documented benefit or improvement. She reported severe symptoms despite being on this medication. It is not stated clearly in the file what other medications were tried for these symptoms such that a second line drug may be needed. The notes state she had trouble committing to a treatment plan and the use of this medication without a treatment plan cannot be supported. The medical necessity of this medication has not been clearly demonstrated.

1 Prescription refill of Klonopin 0.5mg #20: 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 (acute & chronic), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for continued use of Klonopin. The CA MTUS state on page 54 re: benzodiazepines: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the claimant's pattern of use of this medication is unknown other than she uses it as needed. The CA MTUS do not recommend it for long term use. It is not clear what benefit she gets from it, including improvement function. The notes state she had trouble committing to a treatment plan and the use of this medication without a treatment plan cannot be supported. The medical necessity of this medication has not been demonstrated.