

Case Number:	CM14-0068355		
Date Assigned:	07/14/2014	Date of Injury:	02/25/2012
Decision Date:	10/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/13/2014

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, and is licensed to practice in Illinois and Wisconsin. 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 patient is a 55 year old female who was injured in February of 2012. Evidently she has a diagnosis of PTSD. Medications include Klonopin 0.5 mg BID, Effexor, 225 mg daily Latuda 40 mg at hs, Prilosec 40 mg daily, Lamictal 100 mg BID, and Zolpidem 5 mg at hs. Apparently she is attending psychotherapy as well. The provider is requesting coverage for Zolpidem 5 mg #60 and 12 monthly medication management visits. The request has been modified to include one session and 30 Zolpidem. This is an independent review for medical necessity for the original request for coverage for 60 Zolpidem 5 mg tablets and 12 monthly medication management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5 mg, Quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(web), Insomnia treatment, Non-Benzodiazepine sedative-hypnotics

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 and Stress, Summary of Medical Evidence

Decision rationale: State of California MTUS and ACOEM are silent on Zolpidem. The above cited guidelines indicate Zolpidem for short term use, operationally defined as 2-6 weeks. The request as modified is consistent with this parameter and the provider's request for a two month supply exceeds the amount recommended by the ODG. As such the request for 6 Zolpidem should be considered as not medically necessary according to the evidence based Official Disability Guidelines.

Once Monthly Medication Management Visits, Quantity 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(web) Office visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The above citation indicates visits with a physician at least once weekly if the patient has not returned to work. The latest available clinical information indicates that the patient has not yet returned to work. Monthly visits therefore would not be considered as excessive would be considered as medically necessary according to the evidence based ACOEM guidelines.