

Case Number:	CM14-0087972		
Date Assigned:	07/28/2014	Date of Injury:	10/16/2006
Decision Date:	10/07/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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 Texas. 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 female who was injured on October 16, 2006. She has been under psychiatric treatment for depression which had included medication management with the following medications: Ambien, Trazodone, Klonopin, Seroquel and Topamax. The most recent progress notes indicate continued symptoms of depression, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Ambien 10 mg #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien)

Decision rationale: Long-term use of Zolpidem is associated with drug tolerance, drug dependence, rebound insomnia, and central nervous system-related adverse effects. It was recommended that Zolpidem be used for short periods of time using the lowest effective dose. Ten milligrams of Zolpidem is effective in treating insomnia when used intermittently; no fewer than three and no more than five pills per week for a period of 12 weeks. In females, the

recommended maximum dose is 5 milligrams, not 10 milligrams. The long term use of this medication in older adults should also be avoided. Consideration should be given to tapering this medication to a dosage of 5 milligrams at bedtime, then 2.5 milligrams over a period of weeks in the process of discontinuation and the utilization of an alternative approach to her insomnia. The hypnotic prescribed is for short-term usage. Given the duration of usage to date with persistent symptoms, 10 milligrams #30 of Ambien is not medically necessary.

One prescription of Klonopin 2mg #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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants Page(s): 24, 66,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Anxiety medications in chronic pain

Decision rationale: Current Medical Treatment Utilization Guidelines provide some guidance in regard to the use of Benzodiazepines for long-term usage as is occurring in this case. It is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3-14 days). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The long term use of benzodiazepines in older adults should also be avoided. In regard to the Benzodiazepine prescribed, guidelines state that this class of medication is not recommended for long-term use due to dependency risks. Alternatives to Benzodiazepines are available to address long term management of anxiety associated with major depression. Long term use is not supported in the literature and therefore the requested service is not considered medically necessary.

Seroquel 25mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 338.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not specifically address the use of Seroquel in the treatment of pain-related depression, However it does note that antidepressant or antipsychotic medication may be prescribed for major depression or psychosis.

It also notes that this should be done in conjunction with a specialty referral. Some novel antipsychotics, including Seroquel, are Food and Drug Administration (FDA) approved as adjunctive medications for the treatment of depression when used concomitantly with antidepressants. In this case the initial coverage for Lexapro was certified, and the use of Seroquel is a rational adjunct. The prior denial states that the Medical Treatment Utilization Schedule (MTUS) does not adequately address the criteria for use of medication in this case and that minimal psychotherapy is recommended. Additionally the denial is based upon the absence of psychotic symptoms in the presence of a major depression. Seroquel at low dose is not intended to treat psychosis but rather to enhance the effect of an antidepressant, in this case Lexapro. The request is medically necessary and appropriate.