

Case Number:	CM14-0088058		
Date Assigned:	07/25/2014	Date of Injury:	10/16/2006
Decision Date:	10/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 60-year-old female who was reportedly injured on October 16, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 28, 2014, indicates that there are ongoing complaints of headaches and difficulty sleeping as well as anxiety and depression. There was a diagnosis of major depression. The injured employee was stated to appear euthymic. No physical examination was performed on this date. There was a plan to decrease the Ambien dosage 25 mg and increase Trazodone. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request was made for Ambien, Trazodone, Klonopin and Seroquel and was not certified in the pre-authorization process on May 21st 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 medication management sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation As these medication requests have only stated that Lexapro is medically necessary at this time, for medication management classes are not indicated. This request for 4 medication management sessions is not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition

(2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: As these medication requests have only stated that Lexapro is medically necessary at this time, for medication management classes are not indicated. This request for 4 medication management sessions is not medically necessary.

Lexapro 20mg #60: Overturned

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 Page(s): 13-16 & 107 of 127.

Decision rationale: The California MTUS notes that selective serotonin reuptake inhibitors such as Lexapro are not recommended for the treatment of chronic pain, but may be beneficial for the treatment of psychosocial symptoms associated with chronic pain. The injured employee has been diagnosed with anxiety and depression. Based on this clinical documentation, this request for Lexapro is medically necessary.

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, INSOMNIA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) - Ambien (updated 09/10/14).

Decision rationale: The progress note dated April 28, 2014, states there is a plan to decrease Ambien to 5 mg and this request is for Ambien 10 mg tablets. Furthermore Ambien is not indicated for use for longer than 4 to 6 weeks time. As such, this request for Ambien 10 mg is not medically necessary.

Trazodone 100 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, MENTAL ILLNESS & STRESS

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, Trazodone, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) the usage of Trazodone is only recommended for insomnia for patients with coexisting depression or anxiety. The medical record does indicate that the injured employee has difficulty sleeping and has a diagnosis of depression and anxiety. As such this request for trazodone is medically necessary.

Klonopin 2 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines, benzodiazepines such as Klonopin is not recommended over the long-term because efficacy is unproven and there is a risk of psychological and physical dependence as well as addiction. Considering this, the request for Klonopin is not medically necessary.

Seroquel 25 mg # 30: 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), Mental Illness and Stress, Seroquel, Updated June 12, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) Seroquel is not recommended for first-line treatment as there is insufficient evidence for a typical antipsychotics for conditions covered in the Guidelines. Additionally the injured employee is already prescribed Lexapro for anxiety and depression and Trazodone for sleep. As such, this request for Seroquel is not medically necessary.

Topamax 50 mg # 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 21 of 12.

Decision rationale: The California MTUS supports the use of anticonvulsants such as Topamax (Topiramate) for neuropathic pain, but notes that Topiramate may be used as a 2nd line agent after other anti-convulsants have been trialed and failed. Topamax is also used for treatment for

migraine headaches. The attached medical record does not indicate that the injured employee has neuropathic pain symptoms or has been diagnosed specifically with migraine headaches. As such, this request for Topamax is not medically necessary.