

Case Number:	CM13-0032375		
Date Assigned:	12/18/2013	Date of Injury:	05/08/2007
Decision Date:	12/04/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on May 8, 2007. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depression. Treatment to date has included psychotherapy and medication. On September 4, 2013, notes stated that the injured worker had difficulty focusing her attention at work and in her personal life. She often ruminates about the incident of harassment at work and she has withdrawn from her family members and friends. She no longer engages in her customary leisure activities. She experienced difficulty sleeping, which she contributed to stress and ruminations about the poor treatment she experienced at work and her current physical problems. She expressed hopelessness regarding the future and had thoughts of suicide. Her medication included Ambien, Ativan and Prozac. The Ativan was noted for reducing anxiety, reducing her focus on negative workplace experiences, diminishing her tension and curbing her impulses toward self-harm. Notes stated that the injured worker would benefit from additional psychotherapy. On September 24, 2013, utilization review denied a request for Ambien 12.5mg and Ativan 0.5mg. A request for Prozac 20mg was modified to Prozac 20mg up to quantity of 30. A request for 4 additional psychotherapy sessions was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Zolpidem (Ambien®), pages 877-878.

Decision rationale: MTUS Guidelines is silent; however, per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2007 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 12.5mg is not medically necessary and appropriate.

Ativan 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Ativan (Lorazepam) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Ativan/Clonazepam also is used to prevent certain types of seizures. Ativan is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Ativan's continued use for this chronic 2007 injury with use since at least 2012 as the patient reports continued symptoms of anxiety, fearfulness, depressed mood and crying spells. There is also no documented functional efficacy from treatment already rendered. The Ativan 0.5mg is not medically necessary and appropriate.

Prozac 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: Review indicates the request for Prozac was modified. MTUS Medical Treatment Guidelines do not recommend Prozac (Fluoxetine), a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression; however, the patient has been prescribed Prozac for quite some time without documented functional efficacy as chronic symptom complaints continue without remarkable acute change or red-flag conditions for this chronic 2007 injury. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any consistent remarkable clinical findings. The patient has been prescribed the medication without any functional improvement derived from treatment long rendered. The Prozac 20mg is not medically necessary and appropriate.