

<b>Case Number:</b>	CM14-0181673		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	12/18/2010
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Psychiatrist (MD) 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:

Injured worker is a 38 year old female with date of injury 12/18/2010. Date of the UR decision was 10/3/2014. She was a victim of a robbery in which the robbers had a gun pointed to her demanding money. Per report dated 7/28/2014, the injured worker presented with increased sadness, anxiety and depression. Objective findings suggested that she continued to suffer from fear and stress surrounding her workplace injury. She continued to deal with cognitive issues such as memory and concentration problems. She was diagnosed with Post Traumatic Stress Disorder, Depressive disorder and Anxiety disorder. Her treatment was focused on EMDR, medical hypnosis, cognitive behavior therapy and mind body techniques for pain reduction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment.

**Decision rationale:** ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for Zolpidem 10mg #30 with 2 refills is excessive and not medically necessary since Zolpidem is indicated only as a short term treatment for 7-10 days.

**Resumption and continuation of regularly scheduled psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive therapy for PTSD.

**Decision rationale:** ODG states "Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT is superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT was also more effective than other therapies. The injured worker has been diagnosed with Post Traumatic Stress Disorder, Depressive disorder and Anxiety disorder. It has been suggested that she has been in psychotherapy treatment for at least a year which was focused on EMDR, medical hypnosis, cognitive behavior therapy and mind body techniques for pain reduction. There is no clear documentation regarding the number of sessions completed so far, any evidence of objective functional improvement with it. The request for Resumption and continuation of regularly scheduled psychotherapy is not medically necessary.