

Case Number:	CM14-0190321		
Date Assigned:	11/21/2014	Date of Injury:	07/16/1991
Decision Date:	01/13/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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:

This is a 66-year old female patient with a date of injury on 7/16/1991. In a progress note dated 9/24/2014, the patient reported improved mobility in her neck, and was able to tolerate ADLs. She reported burning in her shoulders occasionally in the middle of the night. Objective findings: Cervical spine examination showed 60 degrees right rotation, 65 degrees left rotation, and full extension /flexion. Vertebral spine examination showed tenderness and mild spasms. The patient was prescribed Cymbalta, Xanax, Abilify, Trazodone, and Temazepam. The diagnostic impression showed cervical post-laminectomy syndrome. Treatment to date: medication management, behavioral modification, surgery. A UR decision dated 10/22/2014 approved Ability 5mg #60, and denied the request for Temazepam 15mg 1HS. Regarding Abilify, the rationale provided regarding the approval was that given the patient's clinical history of depression and concurrent use of antidepressant medication, Ability would be medically appropriate as an adjunct for the management of patient's conditions. Regarding Temazepam, the rationale provided regarding the denial was that guidelines do not recommend this medication. Furthermore, the patient was also prescribed alprazolam, and medical necessity for prescribing 2 different benzodiazepines concurrently was not established. Trazodone was also prescribed at bedtime, which was considered a better sleep aid alternative given the potential risks associated with long term benzodiazepine use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abilify 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (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 Chapter Other Medical Treatment Guideline or Medical Evidence: FDA: Ability

Decision rationale: CA MTUS does not address this issue. ODG state that Abilify is indicated as an adjunct second-line therapy for bipolar maintenance and major depressive disorder. However, in the UR decision dated 10/22/2014, Abilify 5mg #60 had already been approved. No rationale was provided regarding why this patient required a duplicate prescription for Abilify 5mg #60. Therefore, the request for Abilify 6mg #60 is not medically necessary.

Temazepam 15mg 1 QHS: Upheld

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

Decision rationale: CA MTUS does not address this issue. ODG state that benzodiazepines are recommended for insomnia only for short term use due to risk of tolerance, dependence, and adverse events. It also states that Temazepam is not recommended. However, in a 9/24/2014 progress report, the patient was prescribed alprazolam in addition to Temazepam, and no rationale was provided regarding the medical necessity of 2 benzodiazepines. Furthermore, the patient was also prescribed Trazodone to treat insomnia. Lastly, no quantity was provided for review. Therefore, the request for Temazepam 15mg 1HS is not medically necessary.