

Case Number:	CM14-0198318		
Date Assigned:	01/07/2015	Date of Injury:	06/01/2011
Decision Date:	04/14/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 following clinical case summary was developed based on a review of the case file, including all medical records: The injured worker is a 43-year-old female, who sustained an industrial injury on 6/01/2011. The diagnoses have included major depressive disorder, generalized anxiety disorder, depression psychosis-unspecified, phobia, not otherwise specified and psychic factor, not otherwise specified. Currently, the IW complains of shoulder, upper and lower extremities and psyche. Objective findings included a defensive, guarded and alienated appearance. Thought processes were noted to be anxious and disturbed. On 11/24/2014, Utilization Review non-certified a request for 1 medication management session, Ambien 120mg #30 and Motrin 600mg #60 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS, ODG Guidelines and non-MTUS sources were cited. On 11/25/2014, the injured worker submitted an application for IMR for review of mgnt x 2 sessions, Ambien, Buspar, Motrin and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 outpatient medication management sessions over the next three months or more:
 Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness and Stress Procedure Summary last updated 11/19/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The request for 2 outpatient medication management sessions over the next three months or more is clinically indicated for the treatment of major depressive disorder, generalized anxiety disorder, depression psychosis-unspecified, phobia, not otherwise specified and psychic factor, not otherwise specified which the injured worker has been diagnosed with and is being treated with several psychotropic medications including Ambien, Buspar and Wellbutrin.

Ambien 120 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC and Mosby's Drug Consult.

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

Decision rationale: MTUS is silent regarding this issue 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). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." "The maximum FDA approved dose of Ambien for males is 10 mg nightly and for females in 10 mg nightly. The request for Ambien 120 mg #30 is excessive and not medically necessary. Ambien is indicated only for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).

Motrin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." "The request for Motrin 600mg #60 is not medically necessary as this medication is recommended as an option for short-term symptomatic relief and not for ongoing use. The documentation submitted for review indicates that the injured worker has using this medication daily, long term. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.