

Case Number:	CM15-0005465		
Date Assigned:	01/16/2015	Date of Injury:	01/31/1997
Decision Date:	03/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/11/2015

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:

This 73-year-old female suffered an industrial injury on 1/31/97 with subsequent ongoing low back pain and psychological issues. Treatment included psychiatric care, medications, sacroiliac joint injections, and physical therapy. In a request for authorization for treatment dated 10/6/14, the psychiatrist noted that the injured worker was in need of psychotropic medications and abruptly discontinuing her psychiatric treatment placed her at higher risk for medical comorbidity in the context of her cardiac history. Current diagnoses included recurrent major depressive disorder, generalized anxiety disorder, pain disorder with both psychological and a general medical condition, histrionic personality traits. The treatment plan included continuing the following medications: Lorazepam 0.5mg, Zolpidem ER 12.5mg, and Mirtazapine 15mg. On 12/19/14, Utilization Review noncertified a request for Lorazepam 0.5mg up to 60 /month x 10 months, Zolpidem ER 12.5mg 30/per month x 10 months and Mirtazapine 15mg 30/ per month x 12 months CA MTUS, ACOEM and ODG guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5mg 30/per month x 10 months: 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), Treatment Index, 11th Edition (web), 2014, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: 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). 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 request for Zolpidem ER 12.5mg 30/per month x 10 months is excessive and not medically necessary as Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days) and thus a 10-month supply cannot be clinically justified.

Lorazepam 0.5mg up to 60 /month x 10months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): page(s) 24, 124.

Decision rationale: MTUS states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Lorazepam on an ongoing basis for with no documented plan of taper and it is intended to be continued for another at least 10 months. The MTUS guidelines state that the use of benzodiazepines to should be limited to 4 weeks. MTUS also talks about Benzodiazepine: Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006)The request for Lorazepam 0.5mg up to 60 /month x 10 months is excessive and not medically necessary as explained above. It is to be noted that the UR physician authorized enough tablets of Lorazepam to be able to initiate a safe taper.

Mirtazapine 15mg 30/ per month x 12 months: 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 American Psychiatric Association, 2006<http://www.drugs.com/mirtizapine>
<http://www.rxlist.com/remeron-drug/indicators-dosage.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The injured worker has been diagnosed with recurrent major depressive disorder, generalized anxiety disorder, pain disorder with both psychological, a general medical condition, and histrionic personality traits. Mirtazepine is indicated for treatment of Major Depressive Disorder per guidelines; however, it is not clinically indicated for a medication to be continued for an extended duration of time at the same dose without any follow up. The request for Mirtazapine 15mg 30 / per month x 12 months is not medically necessary as the dose and the response to any particular medication, emergence of any new side effects over the course of time is to be carefully monitored over periods of time and a request for 12-supply medication is excessive and not medically necessary.