

Case Number:	CM15-0102493		
Date Assigned:	06/09/2015	Date of Injury:	11/16/2011
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 35-year-old male, who sustained an industrial injury on 11/16/11. He reported initial complaints of low back pain, left leg pain and left foot. The injured worker was diagnosed as having lumbar post laminectomy (9/2/14); major depressive disorder, single episode; encounter for long-term use of other medications. Treatment to date has included physical therapy; cognitive behavioral therapy; urine drug screening; medications. Diagnostics included EMG study (1/4/12). Currently, the PR-2 notes dated 5/5/15 indicated the injured worker is seeing a psychiatrist and he has changed his prescription medications. He feels the change has been helpful with mood. He has not been authorized for pain management psychological treatment. He reports he saw the surgeon and his fusion was healing (surgery 9/2/14) and not damaged by the MVA (on 3/2/15) as he reviewed the MRI. The notes of 3/4/15 indicate he was at a dead stop and struck from behind from a car traveling 40 mph. This has caused an increase in Physical therapy has still not been approved. The notes indicate the injured worker rates his pain on this date as 4-5/10. No aberrant behaviors notes and no side effects except constipation. The provider notes no formal examination was done but the injured worker is in moderate distress due to low back pain. The provider is requesting Zoloft 5mg, Ambien 10mg and Seroquel 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 5mg Qam 04/11: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG mental and SSRI, pg 57.

Decision rationale: Zoloft is an SSRI and is indicated for depression and post-traumatic stress disorder. In this case, the client was diagnosed with major depression. In this case, the claimant was under the care of a psychiatrist who had prescribed and initiated Zoloft. The claimant had instances of anxiety and hopelessness when the Zoloft was not taken. The use of Zoloft is appropriate and medically necessary.

Ambien 10mg Qhs 04/11: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines and insomnia, pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated and was not a primary but rather secondary to pain and depression. Continued use of Zolpidem is not medically necessary.

Seroquel - currently only at night - 50mg 04/11: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental and Quetiapine and pg 49.

Decision rationale: According to the guidelines, there is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. It is not considered 1st line treatment. In this case, the claimant had been on Seroquel for several months

without details outlining specific medical diagnosis and response to its use. There was no mention of Bipolar or Schizophrenia. The continued use of Seroquel is not substantiated and not medically necessary.