

Case Number:	CM15-0104796		
Date Assigned:	06/09/2015	Date of Injury:	10/13/2008
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 37 year old female, who sustained an industrial injury on October 13, 2008, incurring low back injuries. She was diagnosed with lumbar spondylosis. She underwent a gastric bypass in 2013, for morbid obesity and relief of her back pain. Treatment included physical therapy, transcutaneous electrical stimulation unit, chiropractic sessions, acupuncture and neurostimulator for pain, anti-anxiety medications, antidepressants and sleep aides, mental health therapy, Cognitive Behavioral Therapy, and work restrictions. Currently, the injured worker complained of depression, chronic pain of the neck, with radicular symptoms, back and shoulders. She had complained of recurrent abdominal pain since the gastric bypass surgery in 2013. The treatment plan that was requested for authorization included prescriptions for Restoril, Ativan and Zyprexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg Qty 45, 1 every night: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines, Resoril.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #45 one every night is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured workers working diagnoses are major depressive disorder; insomnia type sleep disorder due to pain; and psychological factors affecting medical condition. According to a progress note dated February 5, 2015, the injured worker has a psychiatric test medical history including suicidal ideations, hallucinations with a recent hospitalization due to suicidal ideations. The worker remains depressed. The injured worker is under the care of a psychiatrist. The guidelines do not recommend Restoril. The documentation indicates Restoril has been prescribed as far back as February 5, 2015. Benzodiazepines are not recommended for longer than two weeks. Consequently, absent compelling clinical documentation with a clinical rationale for ongoing Restoril with guideline non-recommendations for Restoril use, Restoril 30 mg #45 one every night is not medically necessary.

Ativan 0.5 mg Qty 45, 1 every day: Overturned

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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 0.5mg #45 one every day is medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are major depressive disorder; insomnia type sleep disorder due to pain; and psychological factors affecting medical condition. According to a progress note dated February 5, 2015, the injured worker has a psychiatric test medical history including suicidal ideations, hallucinations with a recent hospitalization due to suicidal ideations. The worker remains depressed. The injured worker is under the care of a psychiatrist. Benzodiazepines are not recommended for long-term use according to the Official Disability Guidelines. However, Ativan is prescribed and managed by the treating psychiatrist for ongoing depression, anxiety and suicidal ideations with a recent psychiatric hospitalization. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and ongoing management by a psychiatrist in an injured worker with a past medical psychiatric history, Ativan 0.5mg #45 one every day is medically necessary.

Zyprexa 20 mg Qty 45, 1 every night: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Atypical antipsychotics.

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 section, Zyprexa.

Decision rationale: Pursuant to the Official Disability Guidelines, Zyprexa 20 mg #45, one every night is medically necessary. Zyprexa is not recommended as a first line treatment. Zyprexa is used to treat symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are major depressive disorder; insomnia type sleep disorder due to pain; and psychological factors affecting medical condition. According to a progress note dated February 5, 2015, the injured worker has a psychiatric test medical history including suicidal ideations, hallucinations with a recent hospitalization due to suicidal ideations. The worker remains depressed. The injured worker is under the care of a psychiatrist. Zyprexa is prescribed and managed by the treating psychiatrist for ongoing depression, anxiety and suicidal ideations with a recent psychiatric hospitalization. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and ongoing management by a psychiatrist in an injured worker with a past medical psychiatric history, Zyprexa 20 mg #45, one every night is medically necessary.