

Case Number:	CM15-0108846		
Date Assigned:	07/21/2015	Date of Injury:	06/27/2005
Decision Date:	08/20/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 injured worker is a 63 year old female who sustained an industrial injury on 06/27/05. The patient worked as a bartender. She caught her foot on an uneven floor mat edge, causing her to fall and land spread eagled injuring her neck, back, right foot and left knee, and wrists. She returned to work with restrictions but felt penalized, harassed, and humiliated. Psychology consultation of 2005 recommended psychotherapy. Records review reveal that she has been seeing ██████████ in psychotherapy since at least 2008. She has been prescribed Ambien and Xanax (alprazolam) since at least 2007. Treatments to date include psychotherapy, medications, dental care, and medical care. On 02/27/15 ██████████ noted that her condition was exacerbated by her son's illness, her husband's declining condition, and her daughter's substance abuse. On 05/07/15 current complaints include depression and pain with diagnoses of major depressive disorder single episode moderate and pain disorder. ██████████ reported that the patient endorsed increased pain with concurrent increased depression. Pain was so severe she felt unable to leave the house and sometimes could not get out of bed. Mood was sad/depressed, 6-7/10 (10=worst). ██████████ noted that Abilify had been previously added when Wellbutrin ceased working. The patient found psychotherapy helpful to cope with pain and prevent increased narcotic use, and on 05/16/15 an additional 8 sessions were certified as it was allowed her to cope with pain and prevent her from increase narcotic pain medication use. Current medications included Wellbutrin XL 450mg per day, fluoxetine 60mg per day, Abilify 2mg, Adderall 20mg BID, Ambien CR 12.5mg at HS, and alprazolam 2mg BID. Other medications included Lisinopril, Oxycontin 30mg per day, Percocet Q4H prn, Soma 350mg BID prn.

Wellbutrin, and Adderall. The requested treatments include psychotherapy sessions, Ambien, and alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102 of 127.

Decision rationale: The patient has been in psychotherapy with [REDACTED] since around 2008, which is the first reference I found in records reviewed. The number of sessions she has received to date is not known. She suffers from increased pain along with psychosocial stressors which worsen her depression. She has found it beneficial in preventing increased use of narcotic pain medication. On 05/16/15 8 psychotherapy sessions were certified. No records were provided to show how many of these have been provided and what the results have been. Until further documentation can be provided and evaluated, this request is noncertified. Therefore, the requested treatment is not medically necessary.

Ambien CR 12.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding Ambien CR. Official Disability Guidelines Metal Illness & Stress Insomnia treatment.

Decision rationale: The patient has been prescribed Ambien CR since at least 2007, which is the first reference I saw in records provided. In the most recent notes from [REDACTED] of 05/07/15 no mention is made of improvement in the patient's quality of sleep, or numbers of hours per night. Guidelines state that Ambien CR may be used for up to 24 weeks. Clearly this has been exceeded with no rationale for continuation. This request is therefore noncertified. Therefore, the requested treatment is not medically necessary.

Alprazolam 2mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anxiety Medications in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: The first reference to prescribing of alprazolam is in 2007. MTUS guidelines show limitation of use to 4 weeks due to long-term efficacy being unknown, risk of dependence, and chronic benzodiazepine treatment being the treatment of choice in very few conditions. Tolerance to anxiety occurs within months and the treatment of choice for anxiety disorders is an antidepressant, with first line being an SSRI. Benzodiazepines are more often used in the acute phase while the antidepressant is introduced and titrated up to maintenance dosage. The patient is on antidepressants from two classes (fluoxetine and Wellbutrin), with augmentation with Abilify. Other treatments available with more favorable side effect profiles than benzodiazepines include Vistaril, and the sedating antidepressant trazodone, often used in patients with concurrent depressive disorders. Efficacy of this agent was not documented, there is no rationale provided for continuing use of alprazolam. This request is therefore noncertified. Therefore, the requested treatment is not medically necessary.