

Case Number:	CM15-0132130		
Date Assigned:	07/20/2015	Date of Injury:	07/30/2006
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 54-year-old male who sustained an industrial injury 07/30/2006. Diagnoses/impressions include major depressive disorder, single episode, unspecified; generalized anxiety disorder with panic attacks; and psychological factors affecting medical condition. Treatment to date has included medications and psychological therapy. According to the progress notes dated 2/17/15, the IW reported depression, lack of motivation, excessive worry, restlessness, anticipation of misfortune, weight changes, agitation, panic attacks, inability to relax, fear that someone was following him and diminished self-esteem. On examination, the IW was soft-spoken with depressed facial expressions and visual anxiety. Functional improvements noted included less hopeless and less isolated. He reported he could concentrate better, comprehend television and was spending less time in bed. A request was made for Alprazolam 1 mg, #60 with 2 refills; Ambien 10 mg, #30 with 2 refills; and Seroquel 200 mg, #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

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 & Stress Chapter/Quetiapine (Seroquel) Section.

Decision rationale: The MTUS guidelines do not address the use of Seroquel, therefore, alternative guidelines were consulted. Per the ODG, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) for conditions covered in ODG. In this case, Seroquel has been denied in previous utilization reviews and there has not been additional information to support the use of Seroquel currently. The request for Seroquel 200mg #30 with 2 refills is determined to not be medically necessary.

Alprazolam 1mg #60 with 2 refills: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has taken this medication for an extended period although it was recommended for weaning in previous reviews. There is no indication that the injured worker has failed with a trial of antidepressants. The request for Alprazolam (Xanax) 1mg #60 with 2 refills is determined to not be medically necessary.

Ambien 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress updated 03/25/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Section.

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of

sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. For example, the dose for women should be reduced from 10 mg to 5 mg for immediate release products and from 12.5 mg to 6.25 mg for extended release products. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. Additionally, there is no measurable improvement in sleep or function. The request for Ambien 10mg #30 with 2 refills is determined to not be medically necessary.