

<b>Case Number:</b>	CM15-0132887		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	01/03/2008
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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, Michigan

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 is a 38-year-old, female who sustained a work related injury on 1/3/08. The diagnoses have included major depressive disorder, anxiety, insomnia, chronic pain and temporomandibular joint pain. Treatments have included psychiatric care, cognitive behavioral therapy and medications. In the Psychiatric Update and Medication Management note dated 5/18/15, the injured worker complains of ongoing severe pain in jaw and insomnia. She states she has anxiety made worse by her pain. She reports she needs ongoing therapy. Her affect is labile. She is very tearful. She is not working. The treatment plan included refills of medications, ongoing psychiatric care and treatment and continued cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prozac 20mg Qty 60.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti depressants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** Per CA MTUS guidelines, Prozac is a selective serotonin reuptake inhibitor (SSRI) which is a "a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain." She has also been taking Viibryd which is a SSRI. A review of the injured workers medical records reveal that she is taking prozac for her psychological symptoms with reported improved mood and optimism with the use of prozac, the continued use of prozac is appropriate and medically necessary.

**Nuvigil 250mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Armodafinil (Nuvigil).

**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 - Armodafinil.

**Decision rationale:** Per ODG, Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. "It is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug." The provider states this medication is being used to treat her chronic fatigue and as an adjunct to her antidepressant therapy with documented improvement in psychological symptoms with her current regimen, the continued use of Nuvigil is appropriate and medically necessary.

**Buspar 10mg Qty 180:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Anti anxiety.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR.net) / Buspirone.

**Decision rationale:** The MTUS/ ACOEM and ODG did not address the use of Buspar (Buspirone) therefore other guidelines were consulted. Per the PDR Buspirone is an atypical anxiolytic used in the management of anxiety disorders or short-term relief of anxiety symptoms. A review of the injured workers medical records reveal that she is receiving Buspar for the treatment of anxiety. Based on her psychological presentation, the continued use of Buspar appears appropriate and 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 ODG, Insomnia treatment.

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

**Decision rationale:** Per ODG, Ambien (zolpidem) is classified as a non-benzodiazepine sedative hypnotic (benzodiazepine-receptor agonist). Considered a first-line medication for insomnia. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. She has been taking this medication since 2008. There is insufficient documentation that this medication is effective in helping her to sleep better. Since this medication is intended for short-term use of insomnia, the requested treatment of Ambien is not medically necessary

**Ativan 1mg Qty 120:** Upheld

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

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

**Decision rationale:** Per CA MTUS guidelines, Ativan (lorazepam) is a benzodiazepine used to treat anxiety disorders and muscles spasms. "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." "Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." She has been taking this medication a minimum of 12 months. The provider states this medication is being used to treat her anxiety and panic attacks on an as needed basis. There is insufficient documentation that this medication is helping her anxiety. Since this medication is not recommended for long-term use and there is insufficient documentation of the effectiveness of Ativan on her anxiety, the requested treatment of Ativan is not medically necessary.