

Case Number:	CM15-0148447		
Date Assigned:	08/11/2015	Date of Injury:	05/12/2010
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 45 year old female, who sustained an industrial injury on 5-12-2010. The mechanism of injury was not noted. The injured worker was diagnosed as having manic disorder, single episode. Treatment to date has included diagnostics, cervical spinal surgery in 2010, epidural steroid injections, spinal cord stimulator, mental health treatment, bilateral cervical transforaminal blocks at C3-4 and C6-7 on 6-26-2015, and medications. On 6-05-2015, the injured worker stated she started crying a week ago. She felt as though everything was taken away from her due to her injury. She was in more pain, had headaches, was more forgetful, and weight was decreased. She reported being in pain 24 hours daily and her physician felt it was time to turn off the spinal cord stimulator due to irritation. She appeared disheveled and had a depressed affect. Mood was depressed and anxious. Mirtazapine was added to her medication regimen, which included Lexapro and Ambien. Currently, the injured worker complains of hand spasms and this worried her. She cried more due to her back and felt confined to her home. She had some memory issues and word difficulty. She appeared well groomed and thin. Her affect was appropriate and depressed. Mood was depressed and slightly anxious. Memory was intact, as were judgment and attenuation. She was to discontinue Ambien and was prescribed Zaleplon. Mirtazapine was to continue and Escitalopram was increased. She remained off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zaleplon 5 MG Qty 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines comment on the treatment of insomnia, to include the use of non-benzodiazepine sedative-hypnotic medications such as Zaleplon. The guidelines recommend that treatment be based on the etiology. 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. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, there is insufficient evidence that there has been an assessment as to the etiology of this patient's sleep disorder. Further, the medical records indicate that the duration of pharmacologic treatment of the patient's insomnia exceeds the 7-10 day period as noted above. Specifically, the patient had been on a course of Ambien prior to the recommendation to switch to Zaleplon. There is no evidence in the records that the specific component of insomnia has been addressed to include: sleep onset, sleep maintenance, sleep quality and next-day functioning. Finally, the records indicate that the patient has an underlying psychiatric condition. It is unclear whether this has been adequately addressed. For these reasons, Zaleplon is not considered as a medically necessary treatment.

Mirtazapine 15 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress, Section: Major Depressive Disorder/Psychotic Features.

Decision rationale: The Official Disability Guidelines, Chapter on Mental Disorders & Stress, provides treatment recommendations for a number of psychiatric disorders to include major depressive disorders and manic depressive disorders. The specific pharmacologic treatment recommendations from these guidelines are based on the specific psychiatric diagnoses provided. For example for major depressive disorder with psychotic features, these guidelines state the following: Recommend options as indicated below. This diagnostic classification applies to manifestations of MDD that involve active delusions or hallucinations. (American Psychiatric Association, 2000) Treatment: Combined use of antipsychotic and antidepressant medications. In this case, the patient's specific psychiatric diagnosis is unclear. The medical records do not provide a consistent diagnosis. Diagnoses include: Major Depressive Disorder, Major Depressive Disorder Rule/Out Psychotic Features and Manic Disorder. Given the lack of

clarity of diagnosis, there is insufficient evidence in support of the use of a specific agent, such as Mirtazapine. Mirtazapine is classified as an antidepressant; however, it is unclear whether this medication is appropriate given the lack of clarity of diagnosis. For this reason, Mirtazapine is not considered as medically necessary.

Escitalopram 10 MG Qty 135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress, Section: Major Depressive Disorder/Psychotic Features.

Decision rationale: The Official Disability Guidelines, Chapter on Mental Disorders & Stress, provides treatment recommendations for a number of psychiatric disorders to include major depressive disorders and manic depressive disorders. The specific pharmacologic treatment recommendations from these guidelines are based on the specific psychiatric diagnoses provided. For example for major depressive disorder with psychotic features, these guidelines state the following: Recommend options as indicated below. This diagnostic classification applies to manifestations of MDD that involve active delusions or hallucinations. (American Psychiatric Association, 2000) Treatment: Combined use of antipsychotic and antidepressant medications. In this case, the patient's specific psychiatric diagnosis is unclear. The medical records do not provide a consistent diagnosis. Diagnoses include: Major Depressive Disorder, Major Depressive Disorder Rule/Out Psychotic Features and Manic Disorder. Given the lack of clarity of diagnosis, there is insufficient evidence in support of the use of a specific agent, such as Escitalopram. Escitalopram is classified as an antidepressant; however, it is unclear whether this medication is appropriate given the lack of clarity of diagnosis. For this reason, Escitalopram is not considered as medically necessary.