

Case Number:	CM15-0165717		
Date Assigned:	09/03/2015	Date of Injury:	11/16/2011
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/24/2015

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, Arizona, Maryland
 Certification(s)/Specialty: 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 35-year-old male, who sustained an industrial injury on 11-16-11. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included psychopharmacological management; cognitive behavioral therapy; medications. Currently, the PR-2 notes dated 7-28-15 indicated the injured worker complains of increased depression; increased chronic pain; anxiety; risk of permanent worsening condition; sleep disturbance and the need of medication refills. The injured worker reports the medications are somewhat helpful and has no complaints of side effects. He is taking at this time 200mg of Zoloft per day and not the recommended 300mg. The injured worker is tearful at this session. The provider notes he will increase the dosage to 300mg to see if it does not produce some improvement in the injured workers severe depression. The provider is requesting authorization of Zoloft 300mg QD and Ambien 10mg QHS #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 300mg QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations. The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006). Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Zoloft 300mg QD is excessive and not medically necessary as the dose is above the FDA recommended dose for this medication (200mg). Also, the request does not identify the quantity being requested.

Ambien 10mg QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

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/ Insomnia treatment.

Decision rationale: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 10mg QHS #30 is not medically necessary as Ambien indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for a 30-day supply is excessive and not medically necessary.