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| Case Number: | CM15-0186469 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 12/05/1997 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/22/2015 |

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: New Jersey, New York
 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 67 year old male who sustained an industrial injury on 12-5-97. Diagnoses per the request for authorization dated 8-20-15 are noted as major depressive disorder single episode, unspecified generalized anxiety disorder with panic attacks, and psychological factors affecting medical condition. In a narrative report on medication management dated 8-20-15, the physician notes he has been provided with psychological evaluation and treatment and returns for medication management for persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. Subjective complaints are noted as depression, changes in appetite, lack of motivation, difficulty getting to sleep, decreased energy, emptiness and inadequacy, difficulty thinking, pessimism, diminished self esteem, early morning awakening, excessive worry, restlessness, jumpiness, tension, agitation, panic attacks, feeling keyed up or on edge, inability to relax, pressure, agoraphobia, shaking, chest pain, nausea, shortness of breath, disturbing memories, reliving of the trauma, flashbacks, intrusive recollections, suspicion, fear people are following him, and paranoia. Improvements in symptoms and functions are he can concentrate better, sleep better, gets along better and is less panicky. Objective behaviors are noted as casual, depressed facial expressions, physical anxiety, and soft spoken. Medications are Cymbalta, Atarax, Geodon, and Ambien CR. It is noted that there have not been any significant side effects or negative interactions relevant to these medications and the medications all interact to improve anxiety, depression, confusion, emotional control and stress- intensified medical complaints. On 9-3-15, the requested treatment of Ambien CR 12.5mg 1 at bedtime for sleep with 2 refills was non-certified and Geodon 40mg three times a day x 2 refills was modified to Geodon 40mg x one month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5 mg 1qhs sleep x2 refills: Upheld

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

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, Ambien.

Decision rationale: The request for Ambien is not medically necessary. MTUS guidelines do not address the use of Ambien. As per ODG, Ambien is a hypnotic that is approved for short-term treatment of insomnia, from 2-6 weeks. It can be habit-forming and may impair function and memory. It may also increase pain and depression over the long-term. There is no documentation that patient has failed a trial of proper sleep hygiene. The risk of long-term use of Ambien currently outweighs benefit and is not medically necessary.

Geodon 40 mg TID X2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.uptodate.com Geodon.

Decision rationale: MTUS and ODG guidelines do not address the use of Geodon. Geodon is used to treat schizophrenia, bipolar, and off label-use for psychosis/agitation due to dementia. The patient was not diagnosed with any of these conditions. There is no rationale as to why Geodon was chosen for treatment. Therefore, the use of Geodon is not medically necessary.