

Case Number:	CM15-0190576		
Date Assigned:	10/02/2015	Date of Injury:	05/07/2008
Decision Date:	11/16/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for major depressive disorder (MDD), panic disorder, groin pain, and insomnia reportedly associated with an industrial injury of May 7, 2008. In a Utilization Review report dated September 12, 2015, the claims administrator failed to approve requests for Sonata and Klonopin. The claims administrator referenced an RFA form received on August 23, 2015 and an associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 26, 2015, Wellbutrin, Klonopin, Sonata, and Seroquel were overall endorsed. On an associated August 5, 2015 office visit, the applicant reported ongoing issues with major depressive disorder (MDD) and panic disorder. The attending provider contended that the applicant's depressive symptoms, anxiety, and irritability had all improved. Wellbutrin for depression, Klonopin on a four times daily basis for anxiety, and Seroquel on three times nightly basis for insomnia and anxiety were all seemingly endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment: Zaleplon (Sonata).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: No, the request for Sonata, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into its choice of pharmacotherapy. Here, the attending provider's August 3, 2015 office visit did not, however, clearly state why the applicant was concurrently using so many sedating and/or potentially sedating agents to include Klonopin, Sonata, Seroquel, etc. ODG's Mental Illness and Stress Chapter Insomnia Treatment topic further notes that Sonata is recommended for short-term use purposes, with a controlled trial showing effectiveness for up to five weeks. Here, thus, the renewal request for 60 tablets of Sonata implied chronic, long-term, and/or twice daily usage of the same, i.e., usage incompatible with the short-term role for which Sonata was espoused, per ODG. Therefore, the request was not medically necessary.

Klonopin 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Klonopin, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider's August 3, 2015 progress note stated that the request for Klonopin represented a renewal or extension request for the same and that the applicant was employing Klonopin on a four times daily basis, for anxiolytic effect. Such usage, however, was incompatible with a short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider failed to furnish a clear or compelling rationale which would offset the unfavorable ACOEM position on such usage. The attending provider likewise failed to furnish a clear or compelling rationale for concurrent usage of so many different potentially sedating medications to include Klonopin, Seroquel, Sonata, etc. Therefore, the request was not medically necessary.