

Case Number:	CM15-0191494		
Date Assigned:	10/05/2015	Date of Injury:	05/03/2011
Decision Date:	12/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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 56-year-old who has filed a claim for chronic low back, knee, ankle, and derivative complaints of depression and anxiety reportedly associated with an industrial injury of May 3, 2011. In a Utilization Review report dated September 3, 2015, the claims administrator failed to approve requests for Xanax, Ambien, and four medication management visits. The claims administrator apparently approved three of the request with four medication management visits. The claims administrator referenced an RFA form received on August 27, 2015 in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the applicant reported issues with depression, insomnia, anhedonia, fatigue, anxiety, and poor concentration. The applicant was receiving psychotherapy, it was reported. The applicant was described as having a constricted affect in the clinic setting. The applicant's hygiene and dressing were described as fair. The applicant was given operating diagnosis of major depressive disorder (MDD). The applicant was kept off work, on total temporary disability. It was suggested that the applicant had not received any treatment through a psychiatrist through this point in one section of the note. The applicant was given prescriptions for Cymbalta and Desyrel. The applicant was asked to continue Xanax and Ambien while remaining off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #60 with 1 refill: Upheld

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

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

Decision rationale: No, the request for Xanax, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Xanax may be appropriate for "brief periods," here, however, the 30-tablet, 1-refill supply of Xanax at issue, implied chronic, long-term, and/or daily use of the same, i.e., usage in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

Ambien 5mg #30 with 1 refill: Upheld

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

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, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sedative agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well-informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, the 30-tablet renewal request for Ambien, thus, was at odds with the FDA label and with ODG's Mental Illness Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request was not medically necessary.

Medication management 4 visits in the next 4 months: Overturned

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

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

Decision rationale: Finally, the request for four medication management visits over the following four months was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of [mental health] office visits should be predicated on the severity of an applicant's symptoms. Here, the applicant was having fairly pronounced mental health symptoms on the August 18, 2015 office visit at issue. The applicant was described as having issues with Major Depressive Disorder (MDD) resulting in the Global Assessment of Function (GAF) of 45. The applicant was off work, on total temporary disability, on that date. Earlier psychotherapy/talk therapy had proven unsuccessful. More frequent follow-up visits were, thus, indicated here, given the severity of applicant's mental health symptoms, failure to return to work, and recent introduction of psychotropic medications to include Cymbalta and Desyrel as of the August 27, 2015 office visit at issue. Therefore, the request was medically necessary.