MAXIMUS Federal Services

Case Number:	CM15-0192946		
Date Assigned:	10/07/2015	Date of Injury:	10/18/2012
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, Illinois
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:

This injured worker is a 55 year old female, who sustained an industrial injury on 10-18-2012. The injured worker was diagnosed as having major depression - single episode moderately severe, and panic disorder with agoraphobia. On medical records dated 08-19-2015, the subjective complaints were noted as anxiety, tension, irritability and quick temper are reduced, panic attacks and agoraphobia are reduced as well, depression was decreased and denied crying episodes. Objective findings were noted as a less tense and dysphoria mood. Occasional smiling, no laughing or weeping was noted. The injured worker was noted as well focused, answering questions promptly and appropriately. Denies psychotic symptoms or thoughts of harming herself or other. The injured worker was noted to be oriented to time, place, person and purpose. Treatments to date included psychiatric consultations, Ativan and Soma. The Utilization Review (UR) was dated 09-21-2015. A Request for Authorization was dated 09-14-2015. The UR submitted for this medical review indicated that the request for Ativan 2mg #120 with 1 refill and Sonata 10mg #60 with 1 refill were modified. Current medications were not listed on 08-19-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #120 with 1 refill: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The injured worker sustained a work related injury on 10-18-2012. The injured worker has been diagnosed of major depression - single episode moderately severe, and panic disorder with agoraphobia. Treatments have included Ativan since 3/2014. The medical records provided for review do not indicate a medical necessity for Ativan 2 mg #120 with 1 refill. The MTUS silent on it, but Medscape identifies it as, Zaleplon a medication that is used for the short term treatment of Insomnia. The Official Disability Guidelines recommends that it should be used for 7-10 days, although there are studies indicating it can be used for up to 5 weeks. The Medical records indicate long-term use of the medication (at least since 03/2014). Therefore, the request is not medically necessary.

Sonata 10 mg #60 with 1 refill: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Insomnia treatment and Other Medical Treatment Guidelines Medscapezaleplon (Rx) Sonata http://reference.medscape.com/drug/sonata-Zaleplon-342930.

Decision rationale: The injured worker sustained a work related injury on 10-18-2012. The injured worker has been diagnosed of major depression - single episode moderately severe, and panic disorder with agoraphobia. Treatments have included Ativan and Zolpidiem since 03/2015. The medical records provided for review do not indicate a medical necessity for Sonata 10 mg #60 with 1 refill. The MTUS silent on it, but Medscape identifies it as, Zaleplon a medication that is used for the short term treatment of Insomnia. The recommended dose is 10-20 mg PO every night. The Official Disability Guidelines recommends that it should be used for 7-10 days, although there are studies indicating it can be used for up to 5 weeks. The requested treatment is not medically necessary since it exceeds the recommended length of treatment. Therefore, the request is not medically necessary.