

Case Number:	CM15-0199458		
Date Assigned:	10/14/2015	Date of Injury:	03/21/2007
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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 represented 62-year-old who has filed a claim for posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of March 21, 2007. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Ambien and Ativan. The claims administrator referenced an RFA form received on September 10, 2015 and an associated progress note dated August 26, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing issues with psychological stress, anxiety, and alleged harassment. Zoloft and Ativan were renewed. The applicant was asked to follow up with psychologist. The applicant's work status was not clearly reported, including the claims administrator medical evidence log, was surveyed. The June 2, 2015 office visit in fact represented the most recent office visit on file; thus, the August 26, 2015 office visit in which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien (unspecified dosage and duration): 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-TWC), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: No, the request for Ambien, a sedative agent, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations, while page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be knowledgeable regarding prescribing information and should, moreover, incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the August 26, 2015 office visit on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. It was not stated why Ambien was introduced. It was not stated whether the request represented a first-time request or a renewal request. It was not stated why Ambien had been prescribed if the applicant is already was using other sedating agents, including the Ativan also at issue. Therefore, the request was not medically necessary.

Ativan (unspecified dosage and duration): 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-TWC), Mental Illness & Stress.

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

Decision rationale: Similarly, the request for Ativan, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. The request in question represented a renewal or extension request for Ativan. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the applicant had seemingly been using Ativan for a minimum of several months prior to the date of the request. Continued usage of Ativan represented treatment 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 was not medically necessary.