

Case Number:	CM15-0201817		
Date Assigned:	10/16/2015	Date of Injury:	01/31/2006
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/14/2015

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 64-year-old who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of January 31, 2006. In a Utilization Review report dated September 28, 2015, the claims administrator failed to approve requests for clonazepam, tramadol, and zolpidem (Ambien). The claims administrator referenced a February 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant was described as having ongoing issues with depression and anxiety for which the applicant was using Flexeril, Wellbutrin, clonazepam, BuSpar, and Abilify. The applicant was also using Nexium, AndroGel, dietary supplements, it was reported. The applicant was described as having lingering post-traumatic stress disorder symptoms. On August 14, 2015, the claims administrator informed the applicant that he was denying all of the applicant's medications on the grounds the treating provider had failed to furnish a progress note supporting the need for medications. Also reviewed were several pharmacy bills dated May 6, 2015, which did include bills for many of the medications at issues, including tramadol, BuSpar, vitamins, Ambien, topical diclofenac, Klonopin, and Lexapro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

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

Decision rationale: No, the request for clonazepam (Klonopin), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines 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 60-tablet renewal request for clonazepam implies chronic, long-term, and/or twice-daily usage, 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 was not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work and functional status were not attached. No clinical progress notes were attached to the request for authorization. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvement in function (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

Zolpidem Tartrate 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic), Procedure Summary, Zolpidem (Ambien).

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(R) (zolpidem tartrate) tablets, 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: Finally, the request for Zolpidem (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, thus, the renewal request for Ambien (zolpidem), in effect, represented in the excess of the FDA label and treatment, which ran counter to the ODG's Mental Illness and Stress Chapter Zolpidem topic, which also states that zolpidem or Ambien should be reserved for short-term use purposes and is not recommended for long-term use purposes. Therefore, the request was not medically necessary.