

<b>Case Number:</b>	CM15-0206282		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/25/2005
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 is a 52-year-old male who sustained an industrial injury on 07/05/2005 in which he was assaulted by three men. He has been treated for tension headaches, cervical sprain/strain with soft tissue injury, and lumbar strain/sprain with soft tissue injury, dental trauma, schizophrenia spectrum and PTSD. In progress notes of 09/10/15, his chief complaints were essentially the same as in his previous visit of 06/10/15. He had multiple symptoms of depression and anxiety including lack of motivation, difficulty getting to sleep, excessive worry, panic, and restlessness. PTSD symptoms reported were disturbing memories, reliving the trauma, and flashbacks. He reported symptoms consistent with paranoia. In the provider's checklist, 8/10 items are endorsed in the depressive cluster, 11/15 in the anxiety cluster, and 6/9 in the stress related medical conditions cluster. This is essentially unchanged from his prior visit as well. The functional improvement checklist included less panicky, had fewer headaches, less sexual dysfunction, was sleeping better and had better concentration. UR of 09/26/15 noncertified Nuvigil and modified Zolpidem and clonazepam for safe tapers. He had been on Nuvigil since 09/10/15, Zolpidem CR since 10/26/2014, and clonazepam 0.5mg since 10/02/2014. He also was apparently on Seroquel 200mg, Risperdal 0.5mg, and Wellbutrin 100mg. On 10/16/15, [REDACTED] requested reconsideration of these non-certifications. The RFA (request for authorization) dated the following treatments were requested for prescriptions for Zolpidem CR 12.5mg, Nuvigil 150mg #30 and Clonazepam 0.5mg. The UR (utilization review board) denied certification on September 26, 2015, for prescriptions for Zolpidem CR 12.5mg #30, Modified to Zolpidem CR 12.5mg #15

and Clonazepam 0.5mg modified to 1 prescription of Clonazepam 0.5mg #51 and Nuvigil 150mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem CR 12.5mg #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, mental Illness & Stress, Zolpidem (Ambien), Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zolpidem, Insomnia treatment in PTSD.

**Decision rationale:** According to the ODG, Zolpidem (Ambien) increases the ability to remember images, but only those that have negative or highly arousing content. The findings have potential ramifications for patients prescribed Zolpidem for relief of insomnia due to anxiety disorders, including posttraumatic stress disorder (PTSD). Physicians should watch out for this counter therapeutic effect in patients with anxiety disorders and PTSD, because these are people who already have heightened memory for negative and high-arousal memories. Clearly, given the patient's diagnosis of PTSD, this would not be a first choice agent. Guidelines discourage long-term use. There is no clear documentation specifically addressing this medication's effect on the patient's symptoms, e.g. sleep onset, number of hours slept etc. There is only the provider's standardized rationale that he uses in his narratives about medications working together and removing one could tip the scale. This rationale has not been modified to reflect the clinical status of the individual patient at that particular point in time. There is no rational basis for the provider's argument that is supported by double blind placebo controlled trials, but it is his unique view that his medication regimens must be kept untouched to maintain patient stability. Therefore, the request is not medically necessary.

#### **Clonazepam 0.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment.

**Decision rationale:** According to the ODG, SSRI's are strongly recommended for the treatment of PTSD, followed by tricyclic antidepressants and MAOI's. Consider prazosin to augment the management of nightmares and other symptoms of PTSD. Recommend medication compliance assessment at each visit. Since PTSD is a chronic disorder, responders to pharmacotherapy may need to continue medication indefinitely; however, it is recommended

that maintenance treatment should be periodically reassessed. Topiramate has a broad-spectrum effect on PTSD symptoms, comparable to other psychopharmacological agents. Recommend against the long-term use of benzodiazepines or atypical antipsychotics to manage core symptoms in PTSD. The provider has a standardized rationale that he uses in his narratives about medications working together and removing one could tip the scale. This rationale has not been modified to reflect the clinical status of the individual patient at that particular point in time. There is no rational basis for the provider's argument that is supported by double blind placebo controlled trials, but it is his unique view that his medication regimens must be kept untouched to maintain patient stability. There are no metrics ratings from which to assess improvement or lack thereof. Therefore, the request is not medically necessary.

**Nuvigil 150mg #30 with 2 refills:** 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), Pain, Armodafinil (Nuvigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.fda.gov/downloads/drugs/drugsafety/ucm231717.pdf](http://www.fda.gov/downloads/drugs/drugsafety/ucm231717.pdf).

**Decision rationale:** Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. The patient does not have either of these conditions. The rationale for its use is unclear and efficacy has not been shown. Again, the provider's standardized rationale without individualized clinical basis cannot be considered as evidence of necessity. Therefore, the request is not medically necessary.