

<b>Case Number:</b>	CM15-0020556		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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: Illinois

Certification(s)/Specialty: 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:

The injured worker is a 51-year-old female who reported an injury on 10/10/2014. The mechanism of injury involved repetitive activity. The injured worker maintains diagnoses of major depressive disorder, anxiety disorder, and GERD. The only clinical note submitted for review is a reconsideration on medication management dated 11/20/2014. It was noted that the injured worker's current medication management sessions had not been authorized. The current medication regimen was not listed. There was no psychological examination provided. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. In this case, there was no indication that this injured worker was currently utilizing the above medication. There was no frequency listed in the request. As such, the request is not medically appropriate at this time.

**Ambien 5mg #60:** 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 (Chronic), 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) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty with sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. There was no recent physical examination provided. There is no evidence of a failure to respond to nonpharmacologic treatment. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

**Buspar 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27..

**Decision rationale:** California MTUS Guidelines recommend buprenorphine for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification. The injured worker does not maintain a diagnosis of opiate addiction. There is no indication that this injured worker has undergone a detoxification. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Sertraline 50mg #60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** California MTUS Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain but recommend selective serotonin reuptake inhibitors as an option in treating secondary depression. It is noted that the injured worker does maintain a diagnosis of depression. However, it is unclear whether the injured worker is currently utilizing the above medication. There is no frequency listed in the request. As such, the request is not medically appropriate.