

<b>Case Number:</b>	CM15-0029123		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/01/2000
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 54 year old female, who sustained an industrial injury on May 1, 2000. The diagnoses have included major depressive disorder single episode, generalized anxiety disorder and psychological factors affecting medical condition. A progress note dated February 12, 2015 provided the injured worker complains of depression, sleep disturbance, lack of motivation, chest pain, restlessness and diminished self-esteem. On February 9, 2015 utilization review non-certified a request for Ambien CR #30 and with 2 refills and Xanax 0.5mg with 2 refills and modified a request for Wellbutrin 100mg #60 with 1 refill and Seroquel 200mg #30 with 2 refills. The Official Disability Guidelines (ODG) and Mosby's Drug Consult were utilized in the determination. Application for independent medical review (IMR) is dated February 12, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR #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 ODG-TWC Pain Procedure Summary, Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008.

**Decision rationale:** Ambien-CR (zolpidem tartrate) is a long-acting medication used to treat some sleep problems. The MTUS Guidelines are silent on this issue in this clinical situation. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Ambien (zolpidem) is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed records did not indicate when or why this medication was started but suggested the worker had been taking it for at least several months. There was no documented sleep assessment containing the majority of the elements recommended by the literature, mention of a trial of behavioral intervention, or detailed description of benefit with the use of this medication. Further, the request was made for an unspecified dose. For these reasons, the current request for thirty tablets of Ambien-CR (zolpidem tartrate) at an unspecified dose with two refills is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

**Wellbutrin 100mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-14.

**Decision rationale:** Wellbutrin (bupropion) is a medication in the antidepressant class. The MTUS Guidelines suggest that the main role of these medications should be to decrease depressive symptoms associated with chronic pain. The literature has shown that improving these symptoms can decrease pain and improve function. The Guidelines encourage that documented assessments of treatment efficacy should include pain outcomes, evaluation of function, changes in the use of other pain medications, sleep quality and duration, psychiatric assessment, and side effects. The submitted and reviewed documentation indicated the worker was experiencing depressed mood, problems sleeping, worry, restlessness, difficulty relaxing, decreased self-esteem, chest pains, and chest palpitations. While there was no discussion suggesting how this medication improved the worker's function, these records suggested it was being used with another medication to better control the worker's depression. For this reason, the current request for sixty tablets of Wellbutrin (bupropion) 100mg with one refill is not medically unreasonable. Future documentation should more clearly describe the specific functional benefit resulting from this treatment. The request is medically necessary.

**Xanax 0.5mg with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24 and 124.

**Decision rationale:** Alprazolam is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed records indicated the worker was experiencing depressed mood, problems sleeping, worry, restlessness, difficulty relaxing, decreased self-esteem, chest pains, and chest palpitations. The length of treatment was not reported, but the worker had taken this medication for at least several months at the time of the request. There was no discussion describing special circumstances that sufficiently supported the long-term use of alprazolam. In the absence of such evidence, the current request for an infinite supply of alprazolam 0.5mg with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Seroquel 200mg #30 with 2 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quetiapine: Drug Information. Topic 9570, version 142.0. UpToDate, accessed 02/25/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. Seroquel (quetiapine) is a medication in the atypical antipsychotic class. It is FDA-approved for the treatment of bipolar disorder, schizophrenia, and major depressive disorder along with antidepressant medications. There is also literature to support the use of quetiapine in the treatment of ICU delirium and treatment-resistant obsessive-compulsive disorder. The submitted documentation indicated the worker was experiencing depressed mood, problems sleeping, worry, restlessness, difficulty relaxing, decreased self-esteem, chest pains, and chest palpitations. While there was no discussion suggesting how this medication improved the worker's function, these records suggested the worker was using this medication for depression along with another medication. For this reason, the current request for thirty tablets of Seroquel (quetiapine) 200mg with two refills is not medically unreasonable. Future documentation should more clearly describe the specific functional benefit resulting from this treatment. The requested treatment is medically necessary.