

Case Number:	CM15-0030618		
Date Assigned:	02/24/2015	Date of Injury:	03/31/2006
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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

Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 3/31/2006. On 2/18/15, the injured worker submitted an application for IMR for review of Prozac 20mg #30 for 12 months, and Ambien 10mg #30 for 12 months, and 1 follow up visit for medication management every 1-3 months. The treating provider has reported the injured worker complained of symptoms of depression and anxiety. The diagnoses have included major depressive disorder and anxiety, headache, cervical, thoracic and lumbar sprain, myalgia and myositis unspecified, lumbar disc herniations, lumbar radiculopathy, shoulder/arm sprain, disorders of the bursae and tendons in shoulder, spasm of muscle, lumbosacral plexus lesions. Treatment to date has included chiropractic care, acupuncture, cognitive behavioral therapy and management. On 2/4/15 Utilization Review MODIFIED Prozac 20mg #30 for 12 months to state 1 prescription Prozac 20mg #30, monthly for up to 2 months, and NON-CERTIFIED Ambien 10mg #30 for 12 months, and modified 1 follow up visit for medication management every 1-3 months To allow only ONE FOLLOW-UP VISIT for medication management. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20mg #30 for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Prozac (Fluoxetine) <http://www.drugs.com/pro/prozac-capsules.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information indicates that Prozac (Fluoxetine) is indicated for the treatment of major depressive disorder. All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior. Prozac 20 mg #30 monthly for 12 months was requested. The request for a 12 month prescription for Prozac is not supported by FDA guidelines, which recommends that patient be monitored closely. Therefore, the request for Prozac 20 mg #30 monthly for 12 months is not medically necessary.

Ambien 10mg #30 for 12 months: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The request was for Ambien 10 mg #30 monthly for 12 months. ODG guidelines states that Ambien (Zolpidem) should be used for only a short period of time. The request for Ambien 10 mg #30 monthly for 12 months would enable long-term use and is not supported by ODG guidelines. Therefore, the request for Ambien 10 mg #30 monthly for 12 month is not medically necessary.

1 follow up visit for medication management every 1-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses follow-up visits. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions indicate that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Official Disability Guidelines (ODG) Mental Illness & Stress indicate that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request follow-up visits for medication management every 1 to 3 months is not supported by ODG guidelines. The total number of office visits requested is not precise. The request for office visits every 1 to 3 months does not specify an exact number of office visits. Because the future condition of the patient and medication regimen are unknowns, a request for future follow-up visits every 1 to 3 months is not supported by ODG guidelines. Therefore, the request for follow-up visits every 1 to 3 months is not medically necessary.