

Case Number:	CM15-0032608		
Date Assigned:	02/26/2015	Date of Injury:	08/31/2009
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 47-year-old female, who sustained an industrial injury on 8/31/09. She has reported stress related work injury from harassment and supervisor threats. The diagnoses have included Major depression, neurotic depression, anxiety, prolonged posttraumatic stress disorder, depression/psychosis severe, panic disorder, adjustment reaction, sleep disturbance and recurrent depressive psychosis. Treatment to date has included medications and 24 individual psychotherapy sessions to date. Currently, the injured worker complains of not sleeping as well; however the Klonopin and the Cymbalta have been helpful for the depression and anxiety without Wellbutrin. She reported that the Invega and Ambien are no longer being approved. She states that she wants to remain on the Cymbalta and Klonopin for now. The importance of exercise and routine were discussed. She reported that she is not seeing the physician for therapy; however, she will see her as needed. The current medications included Cymbalta, Wellbutrin, Klonopin, Ambien and Invega. Physical exam revealed Mood is "I am doing okay." The affect is appropriate to mood. The injured worker denies homicidal or suicidal ideation, at this time. Treatment was to continue medications, labs, and continue therapy. Work status was temporary totally disabled to remain off work indefinitely. On 1/23/15 Utilization Review modified a request for Klonopin (Clonazepam) 1 mg, ninety count modified to Klonopin (Clonazepam) 1 mg, forty two count to facilitate weaning regimen, noting the Official Disability Guidelines (ODG) were cited. On 1/23/15 Utilization Review non-certified a request for Six sessions of continued outpatient therapy with Lynda Gantt, PhD , Wellbutrin XL (Bupropion) 90 mg, thirty

count , Invega (Paliperidone) 3 mg, thirty count and Ambien CR (Zolpidem) 12.25 mg, thirty count, noting the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of continued outpatient therapy with Lynda Gantt, PhD: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines treatment management of chronic condition Page(s): 398.

Decision rationale: MTUS guidelines support that all new medical conditions or exacerbations of chronic medical conditions should be evaluated and treated according to best clinical practice. The insured is noted to have condition of depression for which ongoing therapy is supported to determine the nature and diagnosis of such conditions to guide further diagnostic and/or therapy treatment.

Klonopin (Clonazepam) 1 mg, ninety count: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - pain, benzodiazepam.

Decision rationale: ODG guidelines support klonopin is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The medical records provided for review do not document the presence of an anxiety condition shown to benefit from long term therapy with the requested medication and is not supported under ODG guidelines for use in pain or spasm.

Wellbutrin XL (Bupropion) 90 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, antidepressant.

Decision rationale: The medical records report the insured has depressive symptoms which are helped by the medication of wellbutrin. MTUS supports the use of anti-depressant for treatment of depression.

Invega (Paliperidone) 3 mg, thirty count: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDA- invega.

Decision rationale: Invega is FDA indicated for treatment of schizophrenia. The medical records do not indicate the presence of this condition and as such does not support the use of invega for treatment of the insured.

Ambien CR (Zolpidem) 12.25 mg, thirty count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - pain, zolpidem.

Decision rationale: The medical records provided for review indicate improvement in symptoms with report of significant sleep interference and is taking zolpidem. ODG guidelines support short term use of sleep agent such as zolpidem for 4 to 6 weeks. As such, 10 mg at bedtime for occasional use is supported based on the medical records or supported by ODG. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain.