

Case Number:	CM15-0033652		
Date Assigned:	02/27/2015	Date of Injury:	05/20/2013
Decision Date:	04/23/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/23/2015

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: Family Practice

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 5/20/13. The injured worker reported symptoms of depression. The injured worker was diagnosed as having major depressive disorder and psychological factors affecting medical concern. Treatments to date have included psychotherapy treatments and psychotropic medications. Currently, the injured worker complains of anxiety and depression. The plan of care was for medication prescriptions, telephone consults, psychiatric and social services, and a follow up appointment at a later date. The medical records indicate that the injured worker has anxiety and insomnia and is on low dose Ativan and Ambien. Anxiety is under good control and with Ambien the injured worker is able to sleep 5-7 hours versus 4 hours without Ambien. There is no drug seeking or abuse of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake Inhibitors (SSRIs) Section Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Benzodiazepines.

Decision rationale: According to the MTUS guidelines, benzodiazepines are 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. According to ODG, authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case, the injured worker is diagnosed with anxiety and has been stable on low dose Ativan. The injured worker's anxiety is under good control on Ativan and there is no drug seeking or abuse. The request for Ativan 0.5 mg, sixty count is medically necessary.

Ambien 5 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, Mental Illness and Stress Chapter, Insomnia treatment.

Decision rationale: According to ODG, non-benzodiazepine sedative-hypnotics are first-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Ambien is a non-benzodiazepine sedative-hypnotic, and the medical records indicate that the injured worker has insomnia. The medical records note that with Ambien the injured worker is able to sleep 5-7 hours versus 4 hours without Ambien. There is no drug seeking or abuse of medications. The request for Ambien 5 mg, thirty count is medically necessary.