MAXIMUS Federal Services

Case Number:	CM15-0042078		
Date Assigned:	03/12/2015	Date of Injury:	09/28/2008
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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: Physical Medicine & Rehabilitation

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 61-year-old female, who sustained an industrial injury on September 28, 2008. She has reported impaired memory, impaired concentration, impaired speech, and impairment of the right arm. Diagnoses have included cerebrovascular accident, brain aneurysm, dental problems, memory and concentration impairment, depression, anxiety, and insomnia. Treatment to date has included medications, psychiatric care, and imaging studies. A progress note dated November 12, 2013 indicates a chief complaint of depression, decreased energy, impaired concentration, impaired memory, and anxiety. The treating physician documented a plan of care that included continuation of current medications, a trial of new medication, and follow up evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg Qty : 30.00 with 11 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental & Stress Chapter states: "Eszopicolone-Lunesta.

Decision rationale: The patient presents with her right arm pain and emotional problems such as depression and anxiety. The request is for LUNESTA 3MG #30 WITH 11 REFILLS. Per 12/23/14 progress report, the patient is currently taking Lunesta, Synthroid and Zoloft. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone-Lunesta: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopiclone-Lunesta from 2 mg to 1 mg for both men and women." In this case, the patient has been utilizing Lunesta since at least 09/09/14. The ODG guidelines do not recommend long-term use of this medication. The current request for #30 with 11 refills does not indicate intended short-term use. Therefore, the request of Lunesta 3mg #30 with 11 refills IS NOT medically necessary.

Zoloft 100mg Qty: 60.00 with 11 refills: 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), chronic pain, page 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Medications for chronic pain, Pain Outcomes and Endpoints Page(s): 13-15, 60, 8.

Decision rationale: The patient presents with her right arm pain and emotional problems such as depression and anxiety. The request is for ZOLOFT 100MG #60 WITH 11 REFILLS. The MTUS guidelines page 13 to 15 on antidepressants states, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Assessments of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration and psychological assessment."In this case, the patient has been utilizing Zoloft since at least 09/09/14. There is no discussion of this medication's efficacy. The request is for 11 refills. MTUS page 8 require that the treater provide periodic monitoring of the patient's progress. Page 60 require recording of pain and functional when medications are used for chronic pain. The request IS NOT medically necessary.

Abilify 5mg Qty 30.00: 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), mental illness and stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental Illness & Stress Chapter, Aripiprazole (Abilify).

Decision rationale: The patient presents with her right arm pain and emotional problems such as depression and anxiety. The request is for ABILIFY 5MG #30. ODG-TWC, Mental Illness & Stress Chapter, Aripiprazole (Abilify) Section states: "Not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." In this case, none of the reports specifically discuss this medication. The Treater has not discussed reason for the request. Guidelines do not recommend Abilify as first-line treatment, since "there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG." Therefore, the request IS NOT medically necessary.