

Case Number:	CM15-0083542		
Date Assigned:	05/05/2015	Date of Injury:	08/02/1996
Decision Date:	06/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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

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 73-year-old female who sustained an industrial injury on 8/02/1996. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical strain, lumbar scoliosis status post L3 to S1 decompression, left wrist pain, left knee pain, psychiatric disorder, adjustment disorder, and weight gain. Treatment to date has included lumbar spinal surgery, left wrist surgery, left knee surgeries, medications, use of a cane, and mental health treatment. A report from the primary treating provider from October 2013 notes that the injured worker was not working. Notes from the treating psychiatrist from August 2014 to February 2015 were submitted. Work status was not addressed in recent progress reports. Depression, anxiety and insomnia were noted. On 2/26/2015, the injured worker complains of being very depressed and reported constant pain in her back, hands, and knees. She was documented to be much more upset than the last time she was seen and that the Fentanyl patch was recently reduced (50mcg noted-unchanged from 8/07/2014). Her mood and affect were depressed and she was preoccupied, isolative, and withdrawn. She was having difficulty with some memory. Current medications included Lexapro, Wellbutrin, Xanax, and Ambien. Lexapro was prescribed since October 2014. Wellbutrin, Xanax, and Ambien were prescribed since February 2014. Xanax was noted to be prescribed for anxiety and Ambien to help with sleep. Urine toxicology was not submitted. Use of Ambien was noted in October 2013. The treatment plan included continued medications and a request for establish E/M office visit monthly. On 4/3/15 Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Establish E/M office visit monthly: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: office visits.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, as some medications require close monitoring. This injured worker is being treated by a psychiatrist for symptoms of depression, anxiety, and insomnia, with a diagnosis of adjustment disorder. The request for monthly office visits was from the treating psychiatrist, who has been seeing this injured worker every 1-2 months for the prior 6-8 months, for medication management/psycho-pharmacotherapy. The request does not specify the number of office visits, and as such represents an indefinite number into perpetuity. An open-ended prescription of this sort is not medically, as changes in the injured worker's clinical condition may occur over time. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The ODG states that 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. Due to the lack of specific number of visits requested, which represents an indefinite number of ongoing visits, the request for Establish E/M office visit monthly is not medically necessary.

Alprazolam 0.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines p. 24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines.

Decision rationale: This injured worker has been prescribed Xanax (Alprazolam) for anxiety. Xanax has been prescribed for at least one year. Per the MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops

rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. The MTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. This injured worker has also been prescribed Ambien for sleep. There was no documentation of functional improvement as a result of medication use; office visits have continued at the same frequency, and return to work was not documented. Due to length of use in excess of the guidelines, the request for Alprazolam is not medically necessary.

Bupropion XL 150mg #120: 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 ACOEM Chapter 15 Stress Related Conditions Page(s): 401-402. Chronic Pain Treatment Guidelines antidepressants p. 13-16. Bupropion p. 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder; Bupropion.

Decision rationale: Wellbutrin (Bupropion) is a second-generation non-tricyclic antidepressant that acts as a noradrenaline and dopamine reuptake inhibitor. It is recommended as a first line treatment option for major depressive disorder. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, Wellbutrin was noted to be prescribed for depression. The treating psychiatrist has seen this injured worker every 1-2 months for at least the last 6 months for depression, anxiety, and insomnia. Wellbutrin has been prescribed for at least one year by the treating psychiatrist. The documentation notes significant ongoing symptoms of depression. The dose of Wellbutrin was noted to be 300 mg daily, and at the most recent office visit, the psychiatrist noted a plan to re-evaluate the injured worker in 4-6 weeks. The Utilization Review (UR) determination was based on the number of tablets requested and did not consider that visits were sometimes less often than monthly; the UR determination noted that the treatment guidelines support the use of Bupropion. As the injured worker has ongoing findings of significant depressive symptoms, and as the guidelines recommend Wellbutrin as a first line agent for depression, the request for Bupropion XL 150mg #120 is medically necessary.

Escitalopram 10mg #90: 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 antidepressants p. 13-16, SSRIs p. 107 Page(s): 13-16, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: antidepressants for treatment of major depressive disorder.

Decision rationale: Escitalopram (Lexapro) is a selective serotonin reuptake inhibitor, which is recommended as a first line treatment for major depressive disorder. The ACOEM notes that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but that given the complexity of available agents, referral for medication evaluation is advised. The ODG states that antidepressants offer significant benefit in the treatment of the severest depressive symptoms, but may have little or no therapeutic benefit over and above placebo in patients with mild to moderate depression. In this case, escitalopram was noted to be prescribed for depression. The treating psychiatrist has seen this injured worker every 1-2 months for at least the last 6 months for depression, anxiety, and insomnia. Escitalopram has been prescribed for four months by the treating psychiatrist. The documentation notes significant ongoing symptoms of depression. The injured worker was prescribed escitalopram 20 mg daily; the treating psychiatrist documented a plan to re-evaluate the injured worker in 4-6 weeks. The Utilization Review (UR) determination was based on the number of tablets requested and did not consider that visits were sometimes less often than monthly; the UR determination noted that the treatment guidelines support the use of escitalopram. As the injured worker has ongoing findings of significant depressive symptoms, and as the guidelines recommend escitalopram as a first line agent for depression, the request for Escitalopram 10 mg #90 is medically necessary.

Zolpidem 10mg #60: 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 (ODG) chronic pain chapter: insomnia treatment, Ambien.

Decision rationale: This injured worker was noted to have insomnia. Ambien has been prescribed for more than one year. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. This injured worker has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia; it is not recommended for long-term use. It may be habit-forming and may impair function and memory, and there is a concern that it may increase pain and depression over the long term. This injured worker was noted to have difficulties with memory and ongoing symptoms of depression which have required increase in medication over the prior several months. Consideration of contribution of Ambien to these findings was not addressed by the treating psychiatrist. Ambien is recommended for short term use only. The Official Disability Guidelines citation recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly (note the injured worker's advanced age). Due to length of use not in accordance with the guidelines, lack of sufficient evaluation of sleep disturbance, and potential for toxicity, the request for Ambien is not medically necessary.