

<b>Case Number:</b>	CM15-0085278		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	05/14/2005
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 56 year old female, who sustained an industrial injury, May 14, 2005. The injured worker previously received the following treatments home health services, psychological services, Tylenol, Ambien, Xanax, Nuvigil, Bupropion, Linzess and HC suppositories. The injured worker was diagnosed with depressive disorder with anxiety and post-traumatic reaction. According to progress note of February 17, 2015, the injured workers chief complaint was depress, changes in appetite, sleep disturbance, excessive worry, restlessness, jumpiness, tension, anticipation of misfortune, disturbing memories, changes in weight, decreased energy, agitation, difficulty thinking, pressure, reliving of the trauma, pessimism, diminishes self-esteem, weight loss/weight gain, shaking, palpation, nausea, shortness of breath, flashbacks and intrusive recollections. The physical exam noted a depressed facial expression and visible anxiety. There was functional improvement in that the injured worker was less depressed, angry, nervous and reported that the injured work could better concentrate better and spending less time in bed. The injure worker's stress intensified headaches, teeth grinding, dermatological reactions, neck and shoulder muscle tension/pain, nauseam vomiting, shortness of breath, palpations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated asthma, high blood pressure and diabetes with weight gain of 50-60 pounds. The treatment plan included prescriptions for Ambien, Linzess, and hemorrhoidal HC suppositories.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web Based Edition and [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** Ambien is indicated for short-term treatment of insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Without further details regarding the treatment plan and reasoning as to why more appropriate long-term treatment modalities are considered ineffective, the request is not medically necessary at this time. Use of Ambien CR may be appropriate in this case, but the provided documents do not clearly support the need for use of this sedative-hypnotic and given the quantity requested (with refills), further details are indicated.

**Linzess 290mcg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web Based Edition and [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic treatment of constipation (opioids) Page(s): 77.

**Decision rationale:** The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, there are no clear records documenting reasoning for chronic use in this case, but more importantly, there are no clear notes documenting that the treatment is effective. In the opinion of this reviewer, without further elaboration on an expected treatment timeline, the non-certification by utilization review was appropriate, and therefore the initial request is not medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment.

**HC Suppositories #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2015 Web Based Edition and [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines prophylactic treatment of constipation (opioids) Page(s): 77.

**Decision rationale:** The MTUS supports prophylactic treatment of constipation in patients being treated with opioids. In this case, there are no clear records documenting reasoning for chronic use in this case, but more importantly, there are no clear notes documenting that the treatment is effective. It is unclear whether or not the patient currently has hemorrhoids requiring treatment with hydrocortisone. In the opinion of this reviewer, without further elaboration on an expected treatment timeline, the non-certification by utilization review was appropriate, and therefore the initial request is not medically necessary. Further documentation of medical necessity should be provided to allow for consideration of further treatment.