

Case Number:	CM15-0230355		
Date Assigned:	12/04/2015	Date of Injury:	04/13/2010
Decision Date:	01/13/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/23/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 52-year-old female who sustained an industrial injury on 04/13/2010 involving a trip and fall over a chain. She was deemed permanent and stationary. She is being treated for right knee injury with persistent pain. Her diagnoses are major depressive disorder, rule out alcohol use, and mixed personality features. Treatments have included surgeries on her right knee and patella, bilateral carpal tunnel release, medication, activity modification, HEP, injection, and psychiatric care. On 10/22/2015, she reported worsening depression of 8 months while off sertraline which, with zolpidem, previously helped. She is also suffering from worsening pain and insomnia, and requested another trial of zolpidem. She reported becoming groggy with trazodone. She was at risk for noncompliance if not seen regularly. Recommendations were that she be seen Q2-3 months over a 12-18 basis. Sertraline and zolpidem were restarted. UR of 11/05/2015 modified a request was made for Sertraline 100mg #30 for 6 months and noncertified Zolpidem 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertaline 100mg, #30 per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding sertraline. Official Disability Guidelines/Antidepressants for treatment of MDD (major depressive disorder) Sertraline (Zoloft).

Decision rationale: Sertraline belongs to the SSRI class of antidepressants, which are considered first line agents for treatment of MDD because of demonstrated effectiveness and less severe side effects. The patient has previously done well on it, and it is therefore considered medically necessary. UR modified the request for Sertraline 100mg #30 x12 months to six months on 11/05/15. There should be four months left on that certification. In addition, it is not reasonable to request a year's worth of medication in advance due to the need for periodic reassessment for efficacy and possible changes. This request is noncertified.

Zolpidem 10mg, #30 per month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding zolpidem. Official Disability Guidelines/Insomnia treatment.

Decision rationale: Zolpidem is not recommended for long-term use, but recommended for short-term use of two to six weeks. There is no indication that other methods were attempted before going to zolpidem, such as sleep hygiene, progressive muscle relaxation, or the melatonin receptor agonist Rozarem (nonscheduled with no abuse potential). In addition, to request an agent that is approved for short term use for a year is not reasonable and exceeds guidelines. This request is noncertified.