MAXIMUS Federal Services

Case Number:	CM15-0234539		
Date Assigned:	12/10/2015	Date of Injury:	10/05/2010
Decision Date:	01/12/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/01/2015

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, Massachusetts
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 is a 52 year old male who sustained an industrial injury on 10-5-10. The initial injury including a left knee injury; according to recent orthopedic consultation on 10/27/15, the right knee symptoms have worsened while the left knee symptoms have remained unchanged. The IW is taking Norco 10/325mg as needed for pain. According to psychiatric consultation note on 10/23/15, the injured worker reported symptoms of anxiety and depression. A review of the medical records indicates that the injured worker is undergoing treatments for depressive disorder. He reports his average pain level is 4/10 with pain increasing to 8/10 with physical activity. The treating provider states that he has both depressive disorder and panic disorder without agoraphobia. Treatment has included psychiatry evaluations, fluxetine for depression, xanax for anxiety as needed, and ambien as needed for insomnia., Group therapy and biofeedback. Objective findings dated 10-23-15 were notable for "tense and dysphoric". The original utilization review (11-24-15) denied a request for Fluoxetine 20mg #30, Xanax 0.5mg and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: From my review of the provided records it appears that the IW is currently being treated with a first line anti-depressant medication venlafaxine, an SNRI. The requested treatment fluoxetine is an SSRI which works in a similar method with similar efficacy The most recent UDS were positive for venlafaxine however negative for fluoxetine. From the reviewed records it appears that the IW has diagnosed major depressive disorder and has been stable on venlafaxine; there is no record that he is currently also taking fluoxetine and if there is a clinical rationale for prescribing two different anti-depressants with similar mechanism of action. Consequently adding a second anti-depressant medication is not medically necessary at this time.

Xanax 0.5mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter and on the Non-MTUS http://dailymed.nlm.nih.gov/dailymed/druginfo.cfm?setid=388e249d-b9b6-44c3-9f8f-880exed0239f and on the Non-MTUS CNS Depression and Impairment Performance.

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

Decision rationale: The IW has a clinical diagnosis of panic attacks and anxiety and has been started on xanax as needed for controlling anxiety symptoms acutely on an as needed basis. Xanax is appropriate treatment for patients diagnosed with anxiety disorders and PTSD. There are no reports of adverse drug effects or abuse, therefore carefully monitored treatment with xanax is medically necessary at this time with continued screening for opioid and alcohol abuse.

Ambien 10mg #30: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter; zolpidem.

Decision rationale: According to cited ODG guideline (CA MTUS does not address this medication specifically), zolpidem is approved for short-term use for treatment of insomnia. Continued long-term use has limited efficacy in managing insomnia and increases risk of depression, dependence and abuse. Additionally the IW is also prescribed multiple other

medications such as benzodiazepines and SSRI which also cause drowsiness and are likely to assist with sleep. Adding another medication to treat insomnia could potentially result in similar adverse side effects. Consequently the provided medical records and clinical guidelines do not support continued use of zolpidem as being medically necessary at this time.