

Case Number:	CM14-0112023		
Date Assigned:	08/01/2014	Date of Injury:	11/30/2004
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old male with a 11/30/04 date of injury. The mechanism of injury occurred when the patient fell 20 feet from a ladder sustaining injuries to his back and arm. According to a progress report dated 5/30/14, the patient presented with partial response to duloxetine 30mg but still complained of fears of heights and falls and still some awakenings even with zolpidem for sleep. Objective findings: constricted affect, depressed and slightly anxious mood, spontaneous speech, no delusions, no hallucinations, denies suicidal ideation. Diagnostic impression: major depressive disorder, pain disorder. Treatment to date: medication management, activity modification, surgery. A UR decision dated 6/13/14 modified the requests for psychiatric sessions every month x12 months then quarterly to 1 psychiatric follow-up, duloxetine 60 mg #30 x12 months to #30 x1 refill and denied the request for zolpidem 10mg #30 x12 months. Regarding psychiatric sessions, the need for monthly visits over the next year is not supported by the available report. Regarding duloxetine, there is depression, which requires medication for management. Ongoing refills must be supported by documented objective functional benefit and tolerance of the medication. Regarding zolpidem, there is no diagnosis of insomnia, the diagnoses include depression. MTUS does not support long-term use of zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric sessions monthly for 12 months then quarterly: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127,156; Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is documented in a 5/30/14 progress note that the provider is increasing the patient's duloxetine dose. Regular medication monitoring and documentation of adverse effects and functional improvement are supported by guidelines. However, this request is for over a year's worth of visits with a psychiatrist. The UR decision from 6/3/14 modified this request to certify 1 psychiatric consult. Therefore, the request for Psychiatric sessions monthly for 12 months then quarterly was not medically necessary.

Duloxetine 60mg #30 X12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

Decision rationale: CA MTUS states that Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia; is used off-label for neuropathic pain and radiculopathy, and is recommended as a first-line option for diabetic neuropathy. It is documented that the patient has a diagnosis of major depressive disorder. Guidelines support the use of Cymbalta for treatment of depression. However, this request is for a year's supply of medication. Continuous monitoring of the patient's condition, adverse effects of medications, and functional improvement must be documented prior to additional refills. The UR decision from 6/13/14 modified this request to authorize a 2-month supply. Therefore, the request for Duloxetine 60mg #30 x12 was not medically necessary.

Zolpidem 10mg at bedtime X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted.

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 - Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien).

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. It is unclear how long the patient has been taking Ambien. According to a progress note dated 5/30/14, the patient stated that he still had some awakenings even with Zolpidem for sleep. In addition, there is no documentation that the provider has addressed the issue of sleep hygiene with the patient. Furthermore, this is a request for a year's supply of medication, which is excessive. Therefore, the request for Zolpidem 10mg at bedtime x12 was not medically necessary.