

Case Number:	CM14-0146622		
Date Assigned:	09/12/2014	Date of Injury:	07/28/1983
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 59-year-old female with a date of injury of 7/28/83. The mechanism of injury was not noted but she has a history of depression. She is noted to be taking Prozac, Klonopin, Ambien, and Wellbutrin for more than a decade per the provider notes of 8/2/14 from the exam of 5/15/14. On 6/30/14, she remains depressed and anxious, chronic pain, irritability, and sleep disturbance. She requests more sessions. Objective findings: she has used up her 6 authorized session, which has helped prevent regression and keeps the patient active and non-suicidal. The diagnostic impression is depressive disorder. Treatment to date: psychotherapy sessions, medication management. A UR decision dated 8/19/14 denied the requests for Klonopin, Ambien and modified the request for monthly psychotropic medication one session per month for six months to one psychotropic medication management session. The Klonopin was denied because guidelines state that 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 four weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. There is no indication on the most recent note of an indication for the use of Klonopin. The Ambien was denied because guidelines state that Ambien is a short-acting non-benzodiazepine hypnotic, which is approved both short-term usually 2-6 weeks for the treatment of insomnia. Ambien is indicated for short-term treatment with difficulty of sleep onset for 7-10 days. The patient has been on this medication for well over the recommended duration of use and there is no clinical data indication the rationale for continued use. The most recent notes do not indicate benefit, duration or symptoms of insomnia, therefore, the Ambien was non-certified. The request for monthly psychotropic medication one session per month for six months was modified to one psychotropic medication

management session because according to the report on 8/2/14, there was no indication that medications have been adjusted and no data regarding side effects, specific response to each medication, and the plan duration of treatment regarding her medications was noted. Taken into consideration her medication regimen and adjustments in the regimen, the request for 6 monthly sessions is not consistent with the recommended treatment guidelines, and 1 session will be certified at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 2 Mg Once At Bedtime #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, this patient has been on this medication for over 10 years. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the request is for a 45-day supply. Therefore, the request for Klonopin 2mg once at bedtime #45 was not medically necessary.

Ambien 10 Mg One At Bedtime #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. However, it was noted that the patient has been on Ambien for a least 10 years, if not longer. Guidelines state that Ambien is indicated for the short-term (usually 2-6 weeks) treatment of insomnia. While sleeping pills such as Ambien are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. The patient's use of Ambien far exceeds

the recommended guideline duration of use. In addition, the request is for a 45-day supply. Therefore, the request for Ambien 10mg #45 was not medically necessary.

Monthly Psychotropic Medication One Session Per Month For Six Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations, pages 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. Evaluation and management (E&M) outpatient visits to the offices of medical physicians play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for office visits is individualized based on 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. The determination of necessity for an office visit requires individualized case review and assessment. However, this patient has been on Prozac, Ambien, Klonopin, and Wellbutrin for at least 10 years per the report on 8/2/14. With little changes to her medication regimen over the past 10 years, a specific rationale identifying why monthly psychotropic medication management sessions for 6 months would be required in this patient despite lack of guidelines support was not identified. In addition, the UR modified the request to allow for 1 psychotropic medication management session. Therefore, the request for monthly psychotropic medication one session per month for 6 months was not medically necessary.