MAXIMUS Federal Services

Case Number:	CM14-0212934		
Date Assigned:	12/30/2014	Date of Injury:	07/16/2001
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 65-year-old man with a date of injury of July 16, 2014. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are chronic pain syndrome status post fall; vertigo; depression; and gastropathy secondary to anti-inflammatory medications. Pursuant to the psychiatry progress note dated October 14, 2014, the IW remains very upset. He reports, "I'm under stress all the time". According to the IW, he is getting Viagra, but cannot get any pain medications. The IW continues with ongoing pain, headaches, ringing in the ears, and he is irritable. The treating physician reports the IW will continue with his current treatment plan, which includes Wellbutrin 300mg, Lexapro 20mg, Ambien 10mg, Klonopin 1mg, and Soma 350mg. The IW has been taking the aforementioned medications since June of 2014, according to a progress note with the same date. There is no evidence of objective functional improvement associated with the ongoing use of Lexapro and Ambien. There were no complaints of insomnia in the subjective portion of the documentation. There is a progress report in the medical record dated September 12, 2014 by the treating physician that reports the IW did not show up for his scheduled appointment and did not call to cancel. The treatment plan includes continue Lexapro 20mg, Klonopin 1mg, and Restoril 30mg. This is the only time that Restoril was mentioned in the medical record. All other progress notes, including the most recent dated October 14, 2014, indicates the IW was taking Ambien. The current request is for Zolpidem (Ambien) 10mg #30, Escitalopram (Laxapro) 10mg #90, and Sentra PM #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 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), Mental Illness & Stress

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

Decision rationale: Pursuant to the Official Disability Guidelines, Zolpidem 10 mg #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) Zolpidem is indicated for treatment of insomnia. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are chronic pain syndrome, status post fall; vertigo and depression; gastropathy secondary to anti-inflammatory medications. Documentation does not contain medical entries with a diagnosis or symptoms of insomnia. Additionally, the injured worker has been taking Zolpidem as far back as June 3 of 2014. The recommendations are short-term (7 to 10 days). The treating physician has clearly exceeded the recommended guidelines in terms of duration of treatment. Consequently, absent clinical documentation to support Zolpidem and use in contravention of the recommended guidelines, Zolpidem 10 mg #30 is not medically necessary.

Escitalopram 10mg #90: 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), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Antidepressants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Escitalopram 10mg #90 is not medically necessary. Escitalopram (Lexapro) is an antidepressant and is approved for major depressive disorder. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are chronic pain syndrome, status post fall; vertigo and depression; gastropathy secondary to anti-inflammatory medications. The documentation shows the injured worker is taking bupropion XL, an antidepressant treatment for major depressive disorders. The appropriate is not recommended for mild symptoms. Lexapro is not recommended because the injured worker is already taking bupropion XL. There is no clinical rationale for the dual use of two antidepressants. Additionally, the workers taking clonazepam. The documentation does not

support taking two drugs indicated for major depression. Consequently, Lexapro (Escitalopram) 10mg #90 is not medically necessary.

Sentra PM #60: 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 (Chronic)

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

Decision rationale: Pursuant to the Official Disability Guidelines, Sentra PM #60 is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the Official Disability Guidelines for additional details. Sentra PM is a medical food. In this case, the injured workers working diagnoses are chronic pain syndrome, status post fall; vertigo and depression; gastropathy secondary to anti-inflammatory medications. The documentation does not contain any clinical indications or rationale for Sentra PM in lieu of guidelines that do not recommend medical foods (Sentra PM). Consequently, Sentra PM #60 is not medically necessary.