

Case Number:	CM14-0213076		
Date Assigned:	12/30/2014	Date of Injury:	01/31/1997
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
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
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 72 year old female with an injury date on 01/31/1997. Based on the 11/18/2014 progress report provided by the treating physician, the diagnoses are: 1. Major Depressive Disorder, Recurrent, Moderate. 2. Generalized Anxiety Disorder. 3. Pain Disorder associated with both Psychological Factors and a General Medical Condition; Carotid Artery Stenosis. 4. Congestive Heart Failure According to this report, the patient complains of "feeling lightheaded recently." Examination findings show "anxious mood, rumination, still perseverates." The patient's work status is not mention in the report. The treatment plan is medication as Mirtazapine, Alprazolam, and Zolpidem. There is a monthly psychiatric sessions with [REDACTED] to prevent deterioration. The patient's past treatment consists of psychotherapy. The patient's psychiatric disability status is "TPD". Based on 10/27/2014 report, the patient shows "intrusive and over-inclusive speech, mood remains anxious and worried; she remains preoccupied with mistreatments." "She continues to be difficult to redirect and presents with circumstantial thought process." The utilization review denied the request for (1) Alprazolam 6.5mg, (2) Zolpidem 10 mg, and (3) Mirtazapine 15 mg on 11/24/2014 based on the MTUS/ODG/ACOEM guidelines. The requesting physician provided treatment reports from 10/27/2014 to 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg: Upheld

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

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

Decision rationale: According to the 11/18/2014 report, this patient presents with light headed and anxiety. The current request is for Alprazolam 6.5mg. MTUS guidelines page 24, does 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. Only short-term use of this medication is recommended for this medication. In this case, the treating physician does not mentions that this medication is for short-term use. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. This medication is first documented on 10/27/2014 report. However, the treating physician does not provide the dosage of the requested medication. Without knowing the prescription dosing, one cannot make the appropriate recommendation. The current request is not medically necessary.

Zolpidem 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); 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 chapter, Zolpidem (Ambien).

Decision rationale: According to the 11/18/2014 report, this patient presents with light headed and anxiety. The current request is for Zolpidem 10 mg. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines state that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. A short course of 7 to 10 days may be indicated for insomnia; however, the treating physician is requesting Zolpidem with unknown quantity. Medical records indicate the patient has been prescribed Zolpidem since 10/27/2014. The treating physician does not mention the reason why this medication is been prescribed. Furthermore, the treater does not mention that this is for a short-term use. ODG Guidelines does not recommend long-term use of this medication. Therefore, the current request is not medically necessary.

Mirtazapine 15mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-17.

Decision rationale: According to the 11/18/2014 report, this patient presents with light headed and anxiety. The current request is for Mirtazapine 15 mg. Mirtazapine is classified as an anti-depressant. The MTUS Guidelines on antidepressants pages 13 to 17 states, "recommended as a first line option for neuropathic pain and is a possibility for non-neuropathic pain." Mirtazapine is also used for insomnia for patients with concurrent depression. Review of the provided reports show the patient suffers from depression and insomnia. However, the treating physician does not discuss how this medication is helping to improve the patient's insomnia. This medication is first documented in 10/27/2014 report. However, the treating physician does not provide the dosage of the requested medication. Without knowing the prescription dosing, one cannot make the appropriate recommendation. The current request is not medically necessary.