

<b>Case Number:</b>	CM14-0214071		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	04/14/1998
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: 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:

This 69 year old male was injured 4/14/1998 in an industrial stress injury to the psyche, the specifics which are not available in the records reviewed. Documentation (11/4/14) indicates previous psychological evaluation and treatment were done but no specifics were available. The injured worker does require medication management for persistent symptoms of depression, anxiety and stress related medical complaints. His current medications include Ambien, Prilosec, bupropion and Risperidol. The physical exam was a series of check boxes that objectively indicated depressed facial expressions, visible anxiety, emotional withdrawal and soft spoken. There is no documentation of functional capacity, ability to perform activities of daily living, or work status. On 11/26/14 Utilization Review (UR) non-certified the request for Ambien based on no documentation of exceptional factors that would warrant deviation from the guidelines which specifically recommends against long-term use of this medication and insufficient information provided by the treating physician. The guideline referenced was ODG. Prilosec was non-certified based on lack of documentation that the injured worker is using an anti-inflammatory medication, has a diagnosis of gastroesophageal reflux disease or any gastrointestinal complaints. MTUS Guideline was referenced. Risperidol was non-certified based on no documentation submitted that the injured worker suffers from a psychosis and is not a first-line treatment. ODG was referenced.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg, take one, 1 hr before sleep:** 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 and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Zolpidem (Ambien)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The narrative report on medication management dated November 4, 2014 documented the diagnoses of depression, anxiety and stress-related medical complaints. The date of injury was April 14, 1998. The long-term use of Ambien is not supported by ODG guidelines. Therefore, the request for Ambien 10 mg is not medically necessary.

**Prilosec 20 mg daily, if necessary for stomach acid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records do not document gastrointestinal risk factors. The narrative report on medication management dated November 4, 2014 does not document NSAID prescription. No gastrointestinal complaints or conditions are documented. Medical records do not provide support for the use of Prilosec (Omeprazole). The request for Prilosec is not supported by MTUS guidelines. Therefore, the request for Prilosec is not medically necessary.

**Risperdal 1 mg at bed time:** 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 and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress: Risperdal®, Risperidone,

Atypical antipsychotics. FDA Prescribing Information, Risperdal (Risperidone)  
<http://www.drugs.com/monograph/risperdal.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Risperdal (Risperidone). Official Disability Guidelines (ODG) indicates that Risperdal (Risperidone) is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Risperidone) for conditions covered in ODG. FDA Prescribing Information indicates that Risperdal is indicated for schizophrenia, bipolar disorder, and autistic disorders. The narrative report on medication management dated November 4, 2014 documented the diagnoses of depression, anxiety and stress-related medical complaints. Official Disability Guidelines (ODG) indicates that Risperdal (Risperidone) is not recommended for conditions covered in ODG.