

Case Number:	CM15-0013252		
Date Assigned:	01/30/2015	Date of Injury:	09/27/2004
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 49 year old female, who sustained an industrial injury, September 27, 2004. The injury occurred when the injured worker was cleaning houses for a living and fell into a tub, sustaining a back injury. The injured worker was diagnosed with anxiety, depression, insomnia, cervical sprain, superimposed on moderate degenerative disc disease, thoracic spine syndrome, lumbar strain with L5 nerve root impingement secondary to L4-L5 disc protrusion. The injured worker previously received the following treatments psychiatric evaluation, pain management services, Lidoderm patches, Tramadol, Neurontin and Ibuprofen, trigger point injections to the lumbar spine. According to progress note of December 5, 2014, the injured workers chief complaint was complaining of poor sleep and anxiety. The injured workers persistent complaint of low back pain, with radiation to the left ankle, left arm and left foot. On November 7 2014, the injured worker received a trigger point injection with good relief. On December 05, 2014, the primary treating physician requested for prescription renewals for Zolpidem Tartrate tablet 10mg #30 and L- Methylfolate calcium tablet 15mg #30. December 30, 2014, the utilization review denied authorization of prescriptions for Zolpidem Tartrate tablet 10mg #30 and L-Methylfolate calcium tablet 15mg #30. The utilization Reviewer referenced MTUS and ODG guidelines for the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. ZOLPIDEM TARTRATE TAB 10MG , #30 (DOS12-17-2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem, insomnia treatment

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for ZOLPIDEM TARTRATE TAB 10MG , #30 (DOS12-17-2014) is not medically necessary.

L -METHYLFOLATE CALCIUM TAB 15MG #30 (DOS 12-17-2014): Upheld

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

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

Decision rationale: ODG states the following: "Under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels, and for those with folate deficiency. (Taylor, 2004) Some studies have shown that folic acid may be a simple method of greatly improving the antidepressant action of fluoxetine and other antidepressants (Coppen, 2002) but another meta analysis concludes that none of the CAM studies show evidence of efficacy in depression according to the hierarchy of evidence. (Thachil, 2006) Multiple studies show that a low dietary intake of folate may be a risk factor for severe depression. (Tolmunen, 2004) (Papakostas, 2004) (Lerner, 2006) A trial of oral doses of both folic acid (800 microg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression, with continuation depending on results. (Coppen, 2005) (Thachil, 2006)." Medical note dated 12/22/2014 does indicate that the patient has a diagnosis of depression. The treating physician writes "symptoms have improved" . . . "partially effective", but there are minimal details to be able to assess improvement. Treatment notes dated 12/5/2014 do not indicate improvement in depressive symptoms. Given the lack of documented

improvement in depressive symptoms, the request for L-methylfolate on 12/17/2014 is not medically necessary. As such, the request for L -METHYLFOLATE CALCIUM TAB 15MG #30 (DOS 12-17-2014) is not medically necessary.