

Case Number:	CM15-0114118		
Date Assigned:	06/22/2015	Date of Injury:	12/21/2001
Decision Date:	10/08/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 is a 55-year-old female with an industrial injury dated 12/21/2001. The injured worker's diagnoses include major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/19/2015, the injured worker presented for medication management for persistent symptoms of depression, anxiety and stress related medical complaints arising from an industrial stress injury. Objective findings revealed visible anxiety, depressed facial expressions, emotional withdrawal, tearful, soft spoken, pressured and confused. The treating physician prescribed Requip 1mg with 2 refills, Fioricet with 2 refills, Cerefolin with 2 refills, Ativan 0.5mg with 2 refills and Ambien 10mg with 2 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Requip 1mg (unspecified qty) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation www.drugs.com/pro/requip.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: REQUIP (ropinirole hcl).

Decision rationale: REQUIP (ropinirole hcl) is indicated for the treatment of the signs and symptoms of idiopathic Parkinson's disease. It is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS). The injured worker does not have diagnoses of Restless Legs Syndrome (RLS or Parkinson's disease for which this medication is FDA approved. Thus, the request for Requip 1mg (unspecified qty) with 2 refills is excessive and not medically necessary.

Fioricet (unspecified dose and qty) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: Per MTUS CPMTG with regard to barbiturate-containing analgesic agents: "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache." As the request is not recommended by the MTUS, the request is not medically necessary.

Cerefolin (unspecified dose and qty) with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/cdi/cerefolin-with-nac.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufacturer package insert: Cerefolin.

Decision rationale: Cerefolin is a vitamin combination. It provides nutritional supplementation for certain nutritional requirements. Cerefolin is used for managing hyperhomocysteinemia or to supplement the diet. The request for Cerefolin (unspecified dose and qty) with 2 refills is not medically necessary since it is not approved by the FDA.

Ativan 0.5mg (unspecified qty) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: MTUS states, "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 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 0.5mg (unspecified qty) with 2 refills on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 0.5mg (unspecified qty) with 2 refills i.e a 3-month supply is excessive and not medically necessary.

Ambien 10mg (unspecified qty) with 2 refills: 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 Chapter, and Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Insomnia treatment.

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 10mg (unspecified qty) with 2 refills i.e a three-month supply is not medically necessary as Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).