

Case Number:	CM15-0115830		
Date Assigned:	07/23/2015	Date of Injury:	03/12/2001
Decision Date:	09/18/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/16/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 67-year-old female, who sustained an industrial injury on March 12, 2001. The injured worker's initial complaints and diagnoses are not included in the provided documentation. There were no noted previous injuries or dates of injury. The injured worker was diagnosed as having chronic pain disorder, major depression, general anxiety, and sleep disorder. Treatment to date has included modified cognitive behavioral therapy, psychotherapy, psychopharmacological management, and medications including antidepressant, anti-anxiety, and sleep. On May 6, 2015, the injured worker reported difficulty with having her Ambien refilled. She still sleeps poorly with the use of Ambien 10 mg. Her Effexor somewhat improves her depressive symptoms. She reported extreme hopelessness for the future, frequent fearful dying form an undiagnosed medical disease, and complained of skin rashes and multiple other physical complaints, which are not otherwise evident. Associated symptoms include insomnia, lack of enjoyment in usually pleasurable activities, and decreased libido. Psychiatric testing: Hamilton Depression rating scale (HAM-D) = 34. The mental status exam revealed normal speech and thought processes. There were within normal limits associations and thought content. Her affect was blunted and her mood was depressed. There was intact judgment, impaired memory, and a somewhat shortened attention span. Her work status remains temporarily totally disabled. Requested treatments include: Ambien and Effexor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 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, Mental Illness & Stress: Zolpidem (Ambien) (2015) Official Disability Guidelines, Pain (Chronic): Insomnia treatment (2015).

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 section, sedative hypnotics and the Pain section, insomnia treatment.

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, although reports suggested this medication helped the worker sleep better in the setting of disrupted sleep patterns related to her depression, anxiety, and chronic pain, this medication is not recommended to become used on a regular basis, according to the Guidelines as well as in the opinion of this reviewer. Therefore, this request for ongoing Ambien 10 mg #30 will be considered medically unnecessary. Weaning may be indicated. Other methods of improved sleep such as non-medicinal as well as over the counter medications may be considered and would be more favorable over Ambien.

Effexor 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress: Anti-depressants for treatment of MDD (Major Depressive Disorder). (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that anti-depressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the anti-depressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for anti-depressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was record of depression and anxiety, effectively treated with Effexor, according to the records, suggesting a continued use is warranted as it provided help to become more functional overall. However, in agreement with the previous reviewer, there was a previous request for this medication which was approved and was to last until the end of June/2015. It is unclear why this request was made for additional pills as there was no explanation provided in the notes. Therefore, this request

for Effexor 75 mg #60 will be considered medically unnecessary until requested at a later date.