

<b>Case Number:</b>	CM15-0119806		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/07/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: 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:

This injured worker is a 47 year old male, who reported an industrial injury on 3/7/2008. His diagnoses, and or impression, were noted to include: major depressive disorder, moderate, single episode; male hypo-active sexual desire disorder due to pain; insomnia due to pain; and psychological factors affecting medical condition. No current imaging studies were noted. His treatments were noted to include an several agreed medical evaluations from 3 different disciplines (2/11/13, 4/18/13 & 5/25/13), and agreed medical examiner medical-legal report on 8/28/2013, and a psychological agreed medical examination on 10/5/2010; medication management; and rest from work. The psychology progress notes of 4/15/2015 reported a follow-up visit for evidence of efficacy with prior medications and management treatment which included that the he is unchanged, depressed, sleeps 5-6 hours/night, and states his medications help. Objective findings were noted to include reports of that he has taken his current medications for more than a year with an improved functional ability with daily living, and for the medical necessity to coordinate his prescribed medications with monthly consultation, which allows for the doctor and patient to address any changes and monitor the effectiveness of the medications, due to the importance of continuing to take medications as prescribed to prevent regression. The physician's requests for treatments were noted to include the continuation of Ambien, and additional psychotropic medication consultations, for the purpose of maintaining his sleep and elevating his mood and motivation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien CR 12.5mg #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 (ODG), Pain (Chronic): Zolpidem (Ambien) (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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, 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." Per guidelines, Ambien CR is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The request for ongoing use of this medication is not clinically indicated. Thus, the request for Ambien CR 12.5mg #30 is not medically necessary.

**Monthly psychotropic medication management, quantity: 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress: Office visits (2015).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with major depressive disorder, moderate, single episode; male hypo-active sexual desire disorder due to pain; insomnia due to pain; and psychological factors affecting medical condition and has been prescribed Wellbutrin and Ambien CR. Wellbutrin does not require close monitoring and Ambien CR is not indicated for long-term use. Thus, the request for monthly psychotropic medication management, quantity: 6 sessions is excessive and not medically necessary.