

Case Number:	CM15-0120127		
Date Assigned:	06/30/2015	Date of Injury:	09/25/2013
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female with an industrial injury dated 09/25/2013 resulting in injury to her head, shoulders, arm, back, cervical spine, thoracic spine, brain and psyche. The mechanism of injury is described as an assault by a patient. Her diagnoses included major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Prior treatment included cognitive behavioral therapy and biofeedback sessions. She presented for follow up on 05/13/2015. The provider documents upon discontinuation of psychotherapy the injured worker experienced an increase in her symptoms of anxiety. There had been a worsening in symptoms of panic and sleep disturbance. She also noted a reduction in energy level to leave home and to go to places in the community and to interact appropriately with people. The treating physician documents the injured worker's depression has increased such that she has lost interest in holding onto life. The Beck Depression Inventory (as documented by provider) noted a score of 17 placing the injured worker in the mild to moderate range of subjective depression. Clinical examination noted the injured worker's thought processes appeared anxious and disturbed and cognitive function had declined. She reported that she had become more isolative, irritable, impatient, emotionally withdrawn and disinclined to leave her home. The provider documents there have not been any significant side effects or negative interactions relevant to her medications. The provider also documents it should also be noted that the medications all interact to improve anxiety, depression, confusion, emotional control and stress intensified medical complaints. The requested treatment for Lexapro 10 mg # 30 with 2 refills, Omeprazole 20 mg # 60 with 2 refills and Venlafaxine XR 75 mg # 60 with 2 refills have been authorized. The request for review is Ambien 0.5 mg # 60 with 2 refills, Ativan 0.5 mg # 120 with 2 refills and Nuvigil 150 mg # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability duration guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Ativan (lorazepam), Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering or to allow time for better documentation. As such, the currently requested Ativan (lorazepam) is not medically necessary.

Ambien 0.5mg #60 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, Integrated Treatment/Disability duration guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used

for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Nuvigil 150mg #30 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 Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.