

Case Number:	CM15-0123163		
Date Assigned:	07/07/2015	Date of Injury:	04/23/2009
Decision Date:	08/06/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/25/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 64 year old male sustained an industrial injury on 4/23/09. In a progress note of 4/30/15 he complained of increased pain, lack of motivation, difficulty getting to sleep and staying asleep, tension, inability to relax, having disturbing memories and reliving the trauma. Improvements included getting along better, going out more and being less nervous. Objectively he was casual appearing and soft spoken with depressed faces and visible anxiety. Current diagnosis was major depressive disorder single episode unspecified. The treatment plan included prescriptions for Wellbutrin, Zyprexa and Ambien. On 06/04/15, [REDACTED] wrote a special report appealing the UR denial of Zyprexa and Ambien, and another one on 06/18/15. On 06/04/18 regarding Zyprexa, he pointed out that the reviewer was the one who initially decertified this medication and not one who was unbiased or providing a fresh opinion, as such it should be disallowed. He contended that guidelines do not prohibit long-term use of Ambien and opined that given that Ambien CR may be used for up to 24 weeks, this should apply to Ambien (non-CR) as well. In any event, as the prescription was written on 11/12/14, it is beyond the 24-week mark at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #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 ODG Mental Illness & Stress.

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: Ambien, per ODG, is recommended for short-term use. It was prescribed on 11/12/14. No records were provided to show other methods attempted and failed. Contrary to ██████ reasoning that Ambien (non-CR) should be afforded the same 24-week allowance as that of Ambien CR, long-term use of any sedative-hypnotics is not recommended. This request is not medically necessary.

Zyprexa 5mg #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 ODG Mental Illness & Stress (updated 03/25/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Anti anxiety medications in chronic pain.

Decision rationale: ██████ cited ODG guidelines for anti-anxiety medications in chronic pain in which antipsychotics may be considered as an adjunct in generalized anxiety disorder. While he may in fact be correct there are other medications with a more favorable side effect profile, and no records were provided to show that these were tried and failed. In addition, no rationale was provided to support use of Zyprexa such as the benefit or efficacy provided to this patient. This request is not medically necessary.