

Case Number:	CM15-0126642		
Date Assigned:	07/13/2015	Date of Injury:	05/08/2012
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/30/2015

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, North Carolina
 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 56 year old female with an industrial injury dated 05/08/2012. The injured worker's diagnoses include major depressive disorder, single episode severe. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/18/2015, the injured worker reported reduced anxiety, tension, insomnia, depression, and panic attacks. The injured worker also reported increased memory and concentration, low appetite & weight, low energy level, low sociability and low sexual activity due to lack of interest. Objective findings revealed less depressed and tense mood, occasional smiling, no thought disorder, and intact judgment and insight. Treatment plan consisted of medication management and follow up appointment. The treating physician prescribed Ativan 1 mg #120 and Ambien 10 mg #60 now under review

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

Decision rationale: CA MTUS Guidelines generally limit use of Benzodiazepines to 4 weeks. They are not recommended for long-term use. In this case, there is no rationale given for the use of Ativan. There is no diagnosis of anxiety for which Ativan is indicated. There are no records showing previous usage or efficacy. Therefore the request is not medically necessary.

Ambien 10 mg #60: 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), Insomnia Treatment.

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.

Decision rationale: CA MTUS is silent regarding Ambien. ODG states that Ambien is only recommended for short-term use (7-10 days) for insomnia. In this case there is no documentation that other causes of insomnia (i.e. pain) have been considered as a cause. There is also no evidence that other agents or nonpharmacologic methods have been attempted to treat the insomnia. Therefore the request is not medically necessary.