

Case Number:	CM15-0128114		
Date Assigned:	07/10/2015	Date of Injury:	06/01/1990
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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: Emergency Medicine

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 59 year old female sustained an industrial injury on 6/01/90. Diagnoses include major depressive disorder. Treatments to date include therapy and prescription medications. The injured worker continues to experience symptoms of depression, lack of motivation, difficulty sleeping, decreased energy and anxiety. Upon examination, the injured worker was soft spoken with a depressed facial expression and visible anxiety. A request for Restoril, Wellbutrin, Zyprexa and Trazodone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg one to two q.h.s. #60 with three 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 (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/Stress: Insomnia Treatment.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. It has general guidelines in relation to the use of benzodiazepines for pain. As per Official Disability Guidelines, benzodiazepines such as restoril is only recommended for short term use due to rapid tolerance and due to risk of tolerance, dependence, and adverse events such daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia. It may worsen insomnia when used chronically. Patient has been on restoril chronically and this prescription is not appropriate. It would allow the patient to have up to 4-8months worth of habit-forming medication with risk of side effects with no monitoring. Prescription for restoril #60 with 3 refills is not medically necessary.

Wellbutrin 100mg #60 with three 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 (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/Stress: Bupropion (Wellbutrin).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. It has general guidelines in relation to the use of anti-depressants for pain. As per Official Disability Guidelines anti-depressants such as Wellbutrin is recommended as first line medication for depression. While patient may benefit from this medication, the number of refills is excessive and does not meet MTUS guideline requirements concerning appropriate documentation of progress and monitoring of side effects. Wellbutrin #60 with side effects is not medically necessary.

Zyprexa 5mg one q.h.s. #30 with three 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 (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/Stress: Olanzapine (Zyprexa).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Zyprexa, an atypical antipsychotic is not recommended as a first-line treatment. Zyprexa (olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Patient does not have any history of psychosis or bipolar. There is no rationale provided for this prescription. Zyprexa is not medically necessary.

Trazodone 50mg one to two q.h.s. #60 with three 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 (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/Stress: Trazodone (Desyrel).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Patient has diagnosis of insomnia and depression. While patient may benefit from this medication, the number of refills is excessive and does not meet MTUS guideline requirements concerning appropriate documentation of progress and monitoring of side effects. Trazodone #60 with 3 refills is not medically necessary.