MAXIMUS Federal Services

Case Number:	CM15-0176154		
Date Assigned:	09/17/2015	Date of Injury:	01/31/1992
Decision Date:	11/24/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/08/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 57 year old male, who sustained an industrial injury on 1-31-1992. Medical records indicate the worker is undergoing treatment for depression and anxiety. A recent progress report dated 7-20-2015, reported the injured worker presented for mm for persistent symptoms of depression, anxiety and stress related medical complaints. Physical examination was not provided for this date of service but the record noted the injured worker had "improved symptoms with medications". Treatment to date has included medication management. On 7-20- 2015, the Request for Authorization requested Ambien CR 12.5mg #30 with 2 refills, Ativan 0.5mg #60 with 2 refills, Seroquel 50mg #30 with 2 refills, Lexapro 10mg #60 with 2 refills and unknown sessions of medication management. On 8-4-2015, the Utilization Review modified the request for Ambien CR 12.5mg #30 with 2 refills to #24 with no refills, modified Ativan 0.5mg #60 with 2 refills to #51 with no refills, modified Seroquel 50mg #30 with 2 refills to no refills, modified Lexapro 10mg #60 with 2 refills to no refills and modified unknown sessions of medication management to one session in one month of medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Ambien CR 12.5mg #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 Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Per ODG, pharmacological agents for insomnia should only be used after careful evaluation of potential causes of sleep disturbance for the etiology. Ambien 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. There is no discussion of an investigation into the origin of the sleep disturbance and non-pharmacological interventions that may have been utilized. This request is not medically necessary and appropriate.

1 prescription of Ativan 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Benzodiazepines, like lorazepam, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. This request is not medically necessary and appropriate.

1 prescription of Seroquel 50mg #30 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress: Seroquel (quetiapine) (2015).

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 - Quetiapine (Seroquel) and Other Medical Treatment Guidelines uptodate.com - Quetiapine.

Decision rationale: Per ODG guidelines, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g., quetiapine, risperidone) as monotherapy for conditions covered in ODG. It may be useful to augment

antidepressant treatment in treatment refractory patients. Additionally, the IW has a diagnosis of schizophrenia which is an indication for use of Seroquel and there is documentation of improved functional status with the medication. The request is medically necessary and appropriate.

1 prescription of Lexapro 10mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 - Antidepressants.

Decision rationale: Per ODG, guideline antidepressants are recommended, although not generally as a stand-alone treatment. Antidepressants have been found to be useful in treating depression including depression in physically ill patients as well as chronic headaches associated with depression. Records indicate good response to the Lexapro with improved functional status. The request is medically necessary and appropriate.

Unknown sessions of Medication Management: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 - Office Visits.

Decision rationale: Per ODG guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The IW is on antipsychotic medications, which require close monitoring for effect and side effects. The request is medically necessary and appropriate.