

Case Number:	CM15-0176435		
Date Assigned:	09/17/2015	Date of Injury:	11/10/1999
Decision Date:	11/13/2015	UR Denial Date:	08/07/2015
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: California, Arizona, Maryland
 Certification(s)/Specialty: 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 11-10-99. The injured worker was diagnosed as having PTSD; major depression; anxiety disorder; insomnia; end stage osteoarthritis right knee. Treatment to date has included psychiatric therapy; medications. Currently, the PR-2 notes dated 7-29-15 are documented by the provider stating: "Denied PTSD [Post Traumatic Stress Disorder] symptoms, anxiety level about the same as last time [rarely uses one half tab of Klonopin when challenged with a trigger toward becoming overwhelmed -it works well], mood fairly stable. Sleep is primarily affected by body pain now. Tries to monitor her activity level to what her knee will stand, but it overdoes it, the pain flares, affecting sleep, and she can barely walk the next day. Still uses her cane a good deal. Ambien is used as noted before, helpful. No SE [side effects] or habituation." The provider continues his documentation stating "notes no nightmares since she responded to [team provider's] treatment - her deceased mother would have celebrated her 80th birthday recently, but the patient only became a little teary and no other symptoms occurred. Continues with his social program and exercise as tolerated. Continues on same pain regimen. No other meds." He documents she reports "she discussed my retirement with GP, who has no ideas for referrals except for this MD to locate someone. I discussed my failure to interest colleagues in a Workman's Comp case, but had informed the WC adjusters in hopes that they could locate one. Patient noted that 'change is difficult for me' and reviewed benefits she saw in having been in treatment with me, and the team she developed with [team provider] and me. Is in a good position to move on." The provider continues documentation noting "Alert, oriented, dressed casually-hygiene good. Affect-direct, flexible, mood even, anxiety shows some fretfulness but no desperation or flooding. Self-confidence better. Thinking-lucid, clear, on track, no brittleness or loss of groundedness, relevant,

good insight and judgment, resilience back to better baseline, outlook good. No overt SE. Not dangerous. No habituation." His notes continue noting "Diagnosis per 6-3-15-continues stable on current regimen. Because I have not located a replacement for me after I retire [no psychiatrist colleagues I know are willing to involve themselves with a Workman's Comp case] I will provide 6 months regimen, as above, to facilitate transition of care. It would not be appropriate for me to change anxiety or sleep regimens without a clear path for referral. Patient signed an authorization for faxing of basic records to the clinician of her choice." His treatment plan includes "Zoloft 125mg HS (100mg x1 tab +50mg x one half tab, #30 and #15 respectively, 5 RFO; mirtazapine 15mg - 1 at HS, #30, 5 RF; Klonopin 0.5mg - one half tab qD prn anxiety, #6, 5 RF; Ambien 5mg-1 at HS prn insomnia, #5, 5 RF [latter two meds must last 30 days]. Patient requested a copy of her psychiatric records release to the clinician of her choice. We reviewed our work, and patient thanked me for my help." A PR-2 dated 7-20-15 indicated the injured worker was also treated for her physical complaints of "severe bilateral knee pain" and the provider notes "needs a total knee arthroplasty soon." He documents her pain levels as "10 out of 10 to 7 out of 10 with medications." He also reports objective findings as "bilateral knee crepitus and bilateral knee tenderness." His treatment plan included "Norco 2 QID, MS contin 30mg TID, Celebrex 200mg BID and asks to chiropractic therapy." The submitted documentation indicates a "right total knee arthroplasty" was requested and denied per Utilization Review on 6-18-15. A Request for Authorization is dated 9-8-15. A peer review was performed on 6-10-15 (telephone conversation) and discussed the requested medications. The provider informed the Utilization Reviewer that he was retiring and there would be a transition period before the injured worker sees a new psychiatrist. This conversation was acknowledged by the Reviewer in a Utilization Review letter is dated 8-7-15. Utilization Review modified the certification for Klonopin 0.5mg #6 with 5 refills to "0" refills to continue weaning; Ambien 5mg #30 with 5 refills to allow Ambien 5mg for #5 with "0"refills; Mirtazapine 15mg #30 with 5 refills to allow "2" refills to allow a three month supply; Sertraline (Zoloft) 100mg #30 at HS with Sertraline (Zoloft) 50mg 1 half tab #15 at HS with 5 refills to allow "2" refills of each for a 3 month supply. Utilization Review denied the requested treatment for not meeting the CA MTUS and ODG Guidelines. The provider is requesting authorization of Klonopin 0.5mg #6 with 5 refills; Mirtazapine 15mg #30 with 5 refills; Ambien 5mg #5 with 5 refills; Sertraline (Zoloft) 100mg #30 with 5 refills and Sertraline (Zoloft) 50mg #15 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5mg #6 with 5 refills: Upheld

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

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

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions." Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Klonopin as needed on an ongoing basis with no documented plan of taper or discontinuation. The MTUS guidelines state that the use of benzodiazepines should be limited to

4 weeks. The request for Klonopin 0.5mg #6 with 5 refills is excessive and not medically necessary as guidelines recommend only short-term use of benzodiazepines.

Mirtazapine 15mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Mirtazapine 15mg #30 with 5 refills is excessive and not medically necessary as a six-month supply of medication is not clinically indicated as it is imperative to follow the progress, tolerability and functional improvement with a medication at shorter intervals.

Ambien 5mg #5 with 5 refills: Upheld

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

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: MTUS is silent regarding this issue. ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] 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. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults." The request for Ambien 5mg #5 with 5 refills is not medically necessary as the guidelines recommend that Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days).

Sertraline (Zoloft) 100mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Sertraline (Zoloft) 100mg #30 with 5 refills is excessive and not medically necessary as a six-month supply of medication is not clinically indicated as it is imperative to follow the progress, tolerability and functional improvement with a medication at shorter intervals.

Sertraline (Zoloft) 50mg #15 with 5 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness/ Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations; The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects." The request for Sertraline (Zoloft) 50mg #15 with 5 refills is excessive and not medically necessary as a six-month supply of medication is not clinically indicated as it is imperative to follow the progress, tolerability and functional improvement with a medication at shorter intervals.