

Case Number:	CM15-0072537		
Date Assigned:	04/22/2015	Date of Injury:	10/05/2004
Decision Date:	05/20/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational 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 10/05/2004. The documentation submitted for this review did not include the details regarding the initial injury or the complete recollection of prior treatments to date. Diagnoses include Major depressive affective disorder, single episode, moderate, Other pain disorders related to psychological factors, and chronic pain disorder. Treatments to date include epidural steroid injections, and insertion of a pain stimulator. Currently, the injured worker complained of increasing back pain with increased agitation and being short tempered in addition to not sleeping well. On 3/25/15, the physical examination documented a sad/depressed and anxious mood. A sad/depressed and restricted range of affect was observed. The plan of care included continuation of medication therapy, including Olanzapine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Olanzapine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/zyprexa.html>.

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 and Stress chapter, Olanzapine (Zyprexa).

Decision rationale: The MTUS guidelines do not address the use of olanzapine, therefore other guidelines were consulted. The ODG does not recommend the use of olanzapine as a first-line treatment. Olanzapine is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. Per available documentation the patient does not have any of the above conditions. There is insufficient evidence to recommend atypical antipsychotics for the injured worker's condition. The request for olanzapine 10mg is determined to not be medically necessary.

Zaleplon 10mg: 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 Health Guidelines; ODG Pain Chapter, 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), Pain Section chapter, Insomnia, <http://www.medicinenet.com/zaleplon>.

Decision rationale: The MTUS Guidelines do not address the use of zaleplon (Sonata). Regarding insomnia, the ODG recommends that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Per manufacturer's information, zaleplon is a hypnotic (a medication that induces sleep) that is used for treating insomnia. It is chemically unrelated to the benzodiazepine class of medications for sleep, for example, lorazepam (Ativan), oxazepam (Serax), flurazepam (Dalmane), triazolam (Halcion), and temazepam (Restoril), but it has similar effects because it attaches to the same receptors on nerve cells as these well-known medications. The patient is currently taking zaleplon but it is unclear for how long. Additionally, the number of Zaleplon requested is unknown. The request for Zaleplon 10mg is determined to not be medically necessary.

Depakote ER 250mg #90: 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 , Office Visits; <http://www.drugs.com/depakote.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.medicinenet.com/Depakote>.

Decision rationale: MTUS does not address Depakote ER (valproic acid), therefore other guidelines were consulted. Per manufacturer's information, valproic acid and its derivative, divalproex, are oral drugs that are used for the treatment of convulsions, migraines and bipolar disorder. The active ingredient in both products is valproic acid. There is no indication in the available records that the patient has any of these disorders. Medical necessity has not been established for the use of Depakote ER. The request for Depakote ER 250mg #90 is determined to not be medically necessary.