

Case Number:	CM15-0098967		
Date Assigned:	06/01/2015	Date of Injury:	07/22/2002
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/22/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 61 year old male whose date of injury is 07/22/2002. He reported cumulative traumas to bilateral knees, hips, right hand, elbows and back. Diagnoses include osteoarthritis, left hip, and major depressive disorder single episode moderate. He is status post bilateral knee replacement in 2005 and 2006. He underwent multiple spinal surgery and fusion with complicated recovery due to post-operative MRSA infection and prolonged antibiotic treatments. Treatments to date include activity modification, medication management, physical therapy, cognitive behavioral psychotherapy and psychotherapy. He currently complains of slow recovery and pain control post right hip replacement on 04/15/14, left hip replacement on 04/21/15. He had no wound infection and was able to ambulate short distances. As of 02/05/15 the patient had received 2 of 6 psychiatric sessions authorized. He was on Zoloft and Ambien CR at that time. On 04/06/15 a report from [REDACTED] Mental Health Associates indicated that his Beck Depression Inventory score was severe, and he endorsed suicidal ideation without plan or intent. The patient had been on Zoloft since at least 11/2013 with noted improvement in functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien CR 12.5mg 2 at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Pain, Zolpidem (Ambien(R)).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines, Mental Illness & Stress/Pain, Insomnia treatment.

Decision rationale: ODG recommends that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. See the Pain Chapter for detailed recommendations and references. (2) 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. FDA has also approved sublingual zolpidem (Edluar). (FDA, 2009) FDA approved zolpidem tartrate sublingual tablets (Intermezzo) for use as needed for insomnia characterized by middle-of-the-night waking followed by difficulty returning to sleep. (FDA, 2011) Due to adverse effects, FDA now requires lower doses for zolpidem. The dose of zolpidem for women should be lowered from 10 mg to 5 mg for IR products and from 12.5 mg to 6.25 mg for ER products. (FDA, 2013) The ER product is still more risky than IR. The patient has been on Ambien CR for well over the recommended guidelines of 7-10 days. Symptoms of insomnia are not well documented. There are a number of other agents which have a more favorable side effect profile without time limitations, e.g. the melatonin receptor agonist Rozarem, sedating antidepressant Trazodone, etc. No documentation was provided that any of these agents were attempted. This request is therefore not medically necessary.

Zoloft 100mg 1 every morning #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Health and Illness, Antidepressants for treatment of MDD (major depressive disorder).

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

Decision rationale: ODG recommends for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Drug selection criteria; The American Psychiatric Association has published the following considerations regarding the various types of anti-depressant medications: (1) 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 patient carries the diagnosis of major depressive disorder single episode moderate. Zoloft is a SSRI antidepressant considered to be a first line agent in the treatment in this disorder, it is considered medically necessary. Review of the efficacy of this patient's medication regimen would be prudent to evaluate for the necessity of dosage adjustments, etc. This request is medically necessary.