

<b>Case Number:</b>	CM15-0098969		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	04/27/1993
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida, 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:

This 53 year old female sustained an industrial injury on 4/27/93. The injured worker was currently receiving ongoing for depression and anxiety with psychotherapy and medications. No recent progress notes were submitted for review. In a request for authorization dated 7/29/13, the injured worker reported a reduction in depressive and anxiety symptoms as well as improvement to panic symptoms, energy level and ability to concentrate. The injured worker's intensified physical complaints had been reduced. The injured worker felt that therapy helped a lot. The physician noted that despite this psychological improvement, the injured worker still remained symptomatic with residuals requiring further treatment to address her continuing symptoms of depression, anxiety, panic, irritability, damaged self-esteem, anger, mistrust, diminished energy, sleep disturbance, decreased cognition, mental confusion and social withdrawal. The physician recommended continued cognitive behavioral therapy. On 4/20/15, a request for authorization was submitted for medications (Xanax, Ambien and Prozac).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.5mg x2 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-Treatment in Workers' Compensation, Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

**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, under Benzodiazepines.

**Decision rationale:** This claimant was injured back in 1993. There is reportedly depression and anxiety with psychotherapy and medications. No recent progress notes were submitted for review. The physician in 2013 noted that despite psychological improvement, the injured worker still remained symptomatic with residuals requiring further treatment to address her continuing symptoms of depression, anxiety, panic, irritability, damaged self-esteem, anger, mistrust, diminished energy, sleep disturbance, decreased cognition, mental confusion and social withdrawal. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. Also, there is no current clinical for what appears to be two years, which makes it impossible to assess current clinical necessity for the medicine. The request is appropriately not medically necessary following the evidence-based guideline.

**Ambien 10mg x2 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-Treatment in Workers' Compensation, Pain Procedure Summary last updated 04/06/2015.

**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, under Zolpidem.

**Decision rationale:** As shared, this claimant was injured back in 1993. No recent progress notes are available. There is reportedly depression and anxiety with psychotherapy and medications. No recent progress notes were submitted for review. The physician in 2013 noted that despite psychological improvement, the injured worker still remained symptomatic with residuals requiring further treatment to address her continuing symptoms of depression, anxiety, panic, irritability, damaged self-esteem, anger, mistrust, diminished energy, sleep disturbance, decreased cognition, mental confusion and social withdrawal. The MTUS is silent on the long term use of Zolpidem, also known as Ambien. The ODG, Pain section, under Zolpidem notes that is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-

term (usually two to six weeks) treatment of insomnia. In this claimant, the use is a chronic long term usage. The guides note that pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008) I was not able to find solid evidence in the guides to support long term usage. Also, the records are old. The medicine was appropriately not medically necessary.

**Prozac 20mg x2 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-Treatment in Workers' Compensation, Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

**Decision rationale:** As shared, this claimant was injured back in 1993. No recent progress notes are available. There is reportedly depression and anxiety with psychotherapy and medications. No recent progress notes were submitted for review. The physician in 2013 noted that despite psychological improvement, the injured worker still remained symptomatic with residuals requiring further treatment to address her continuing symptoms of depression, anxiety, panic, irritability, damaged self-esteem, anger, mistrust, diminished energy, sleep disturbance, decreased cognition, mental confusion and social withdrawal. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended 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. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. Moreover, there is no current clinical information to assess need. The request is appropriately not medically necessary.