

Case Number:	CM14-0111472		
Date Assigned:	08/01/2014	Date of Injury:	12/11/2001
Decision Date:	08/11/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/17/2014

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, New York, 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 11, 2011. In a Utilization Review report dated July 2, 2014, the claims administrator partially approved a request for six monthly psychotropic medication management visits as one monthly psychotropic medication management visit, partially approved a request for Prozac, partially approved a request for Ativan, and partially approved a request for Ambien. The claims administrator referenced an RFA form received on May 1, 2014 in its determination along with a psychological progress note dated April 9, 2014. The applicant's attorney subsequently appealed. In an April 8, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain status post and earlier failed lumbar spine surgery, it was reported. Ancillary complaints of neck pain, groin pain, and knee pain were reported. Norco was renewed while the applicant was kept off of work. In an RFA form dated April 1, 2015, Prozac, Xanax, Ambien, Levitra, and Klonopin were endorsed. On September 17, 2014, Norco, Nucynta, Treximet, Zanaflex, Neurontin, Nexium, and Colace were endorsed while the applicant was placed off of work, on total temporary disability, owing to a primary complaint of chronic low back pain. In a mental health note dated September 17, 2014, the applicant was described as having ongoing issues with depression, tearfulness, and insomnia. The applicant was given refills of Prozac, Xanax, Ambien, Levitra, and Klonopin. It was stated that the applicant had been using these medications for years. Little-to-no discussion of medication efficacy transpired. In a handwritten note dated April 8, 2014, difficult to follow, not entirely legible, the

applicant reported issues with depression, anxiety, insomnia, and chronic pain. The note was quite difficult to follow. On February 5, 2014, the applicant was, once again, placed off of work, on total temporary disability. In an RFA form dated February 3, 2015, six monthly psychotropic medication management visits were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly Psychotropic Medication Management Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999, page 460.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: No, the request for six monthly psychotropic medication management visits is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of [mental health] follow-up visits should be dictated by the severity of an applicant's symptoms. Here, the request for monthly medication management visits, thus, ran counter to the philosophy articulated on page 405 of the ACOEM Practice Guidelines to base the frequency of visits on the severity of an applicant's symptoms. If, for instance, the applicant deteriorates from a mental health perspective, then a medication management visits at a rate much more frequent than once per month would have been indicated. Conversely, if the applicant's mental health issues stabilize, then visits at a frequency of less than once a month would likely have sufficed here. Therefore, the request is not medically necessary.

Prozac 40mg #35: Upheld

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 and Stress (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Prozac, an SSRI antidepressant, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Prozac to exert their maximal effect, here, however, the applicant had been on Prozac for what appeared to have been a minimum of several months. The applicant was using Prozac on RFA forms of July 1, 2014, September 2, 2014, October 1, 2014, etc. It did not appear that ongoing usage of Prozac had proven particularly beneficial. The applicant was described as having issues with tearfulness, insomnia, and depression on October 1, 2014. The applicant was

off of work, it was reported on that date. Ongoing use of Prozac failed to curtail the applicant's dependence on multiple anxiolytic medications to include Xanax and Klonopin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of Prozac. It did not appear, in short, that ongoing usage of Prozac had effective requisite improvements in mood or function needed to justify continuation of the same. Therefore, the request is not medically necessary.

Ativan 1mg # 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Ativan, a benzodiazepine anxiolytic, is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the applicant had been using Ativan for what appeared to have been a minimum of several months. Such usage, thus, ran counter to the philosophy espoused on page 402 of the ACOEM Practice Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider did not state why he was furnishing the applicant with two separate benzodiazepine anxiolytics, Ativan and Xanax. Therefore, the request is not medically necessary.

Ambien 10mg # 70: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): s 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: Finally, the request for Ambien, a sleep aid, is likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug

Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. ODG's Mental Illness Stress Chapter Zolpidem topic also notes that Zolpidem or Ambien is not recommended for long-term use purposes. Here, thus, continued usage of Ambien represented treatment at odds with the FDA label and with the ODG Guideline on the same. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence so as to support such usage. Therefore, the request is not medically necessary.