
Notice of Independent Medical Review Determination

Dated: 11/27/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/11/2012

3/28/1994

7/26/2013

CM13-0006473

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Ambien CR 10mg** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Lexapro 10mg** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/26/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **60 Ambien CR 10mg is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **60 Lexapro 10mg is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

Position material female beneficiary or sustained injury 1994 where she accidentally injured her spine by being kicked by a patient . She had persistent mechanical back pain as well as groin pain. In 2010 she spinal decompression and fusion of the Lumbar spine. Previous to that she had a lumbar laminectomy in 2002 any cervical discectomy in 2001.

An April 2013 operative note showed she had severe back pain, foraminal stenosis and degenerative disc disease of the lumbar spine. The operative note stated that she had removal of prior hardware, bilateral pedicle screwing stimulation as well as arthrodesis instrumentation of the thoracic and lumbar spines. Bilateral laminotomy's and foraminotomy's were performed of the L4 L5 spinal levels. Per- operatively she was noted to be taking Lexapro ,Ambien, Lyrica Norco, Nexium and Valium. Medical history was notable for having a prior stroke as well as depression hypertension.

A recent progress note from orthopedic surgery in June 12, 2013 indicated her physical examination was unremarkable neurologically except for weakness of the abdominal muscles. She was instructed to perform isometric exercises. She continued to have depression, frustration, sadness and irritability as related to her prior work injuries. She was recommended to continue her Lexapro antidepressant. Activities of daily living were noted to be impacted due to her chronic pain and Ambien was also continued for sleep.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 60 Ambien CR 10mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the following articles: Roehrs TA; Workshop Participants, Does effective management of sleep disorders improve pain symptoms? *Drugs*. 2009;69 and Hartmann PM, Drug treatment of insomnia: indications and newer agents. *Am Fam Physician*. 1995 Jan;51(1):191-4, 197-8.

Rationale for the Decision:

As per the referenced article: "Treatment options for sleep disorders in the context of pain that have been assessed include cognitive behavioral therapy for insomnia and various pharmacological therapies." In randomized clinical trials, cognitive behavioral therapy significantly improved insomnia secondary to chronic pain compared with control therapy, but pain was only improved in patients in whom it was associated with pain disorders other than fibromyalgia. "Of the pharmacological agents studied (zopiclone, zolpidem and triazolam), only triazolam improved both sleep and pain to a greater extent than placebo." In reference 2 "pharmacotherapy should be generally restricted to use of the benzodiazepines, imidazopyridines (zolpidem) and occasionally tricyclic antidepressants. As a rule, hypnotic drugs should be used for less than two weeks to one month." In this case Ambien is neither supported by the literature for chronic use or for sleep disorders related to pain. **The request for 60 Ambien CR 10mg is not medically necessary and appropriate.**

2) Regarding the request for 60 Lexapro 10mg :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines, which are not part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 13, 23 and 107, which are part of the MTUS.

Rationale for the Decision:

The chronic pain medical treatment guidelines indicate SSRIs such as Lexapro may have a roll in treating secondary depression due to chronic pain. However long time effectiveness of antidepressants has not been established for depression as it relates to chronic. Treatment efficacy should include not only outcomes but evaluation of function and changes and use of other analgesic medications and sleep quality Lexapro is not medically indicated until further assessment of the above efficacy as well as examination for depression response and possible evaluation by a psychiatrist. **The request for 60 Lexapro 10mg is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/cmol

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.