

Case Number:	CM13-0002881		
Date Assigned:	03/10/2014	Date of Injury:	08/17/2006
Decision Date:	04/15/2014	UR Denial Date:	06/24/2013
Priority:	Standard	Application Received:	07/24/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old male with a date of injury on 08/17/2006. He sustained an injury pulling a hand truck. He had low back pain. Subsequently he had a fusion of L4-S1 and laminectomy. He had failed back syndrome with continued back pain. He continues to have bilateral extremity numbness and tingling with nerve damage to his testicle and sexual dysfunction. He has depression. A spinal pain pump was implanted. He had bladder incontinence. He has had suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL (AMITRIPTYLINE) 50MG #30 WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLICS,.

Decision rationale: Elavil is a tricyclic antidepressant. The patient has severe depression with suicidal ideation. The FDA approved packet insert notes that this is a standard of care for depression. MTUS Chronic pain and ODG Tricyclis note the use of this medication to treat depression.

CLONAZEPAM 0.5MG #45 WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES, WEANING Page(s): 24 & 124.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS CLONAZEPAM FDA APPROVED PACKET INSERT.

Decision rationale: While it is true as pointed out by the previous reviewer that benzodiazepams are not recommended for long term use in the MTUS Chronic pain section, that is a discussion about the use of muscle relaxants for musculoskeletal injuries. This patient has severe depression and anxiety. He is suicidal. The anxiety/depression is directly related to the injuries and his treatment of those injuries sustained by the patient. The treatment of this patient's mental disorder or more correctly his mental reaction to this injury with suicidal ideation is why Clonazepam has been prescribed. As such, it is being prescribed according the FDA approved packet insert indications, is a long term use drug and is a standard of care. It is not being prescribed as a muscle relaxant for back pain but as an antidepressant.

AMBIEN (ZOLPIDEM) 10MG #30 WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS FDA APPROVED PACKET INSERT.

Decision rationale: This patient has severe stress, depression and has suicidal ideation from his injury and resulting continued pain. There is an obvious relationship between increased stress/ anxiety and poor sleep. He also has pain preventing sleep. Ambien is being prescribed according to the FDA approved packet insert. That is, it is being prescribed as a standard of care.

CITALOPRAM (CELEXA) 40MG #30 WITH TWO (2) REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS FDA APPROVED PACKET INSERT.

Decision rationale: Again as above. The injury caused the pain, surgery failed and he has continued pain that has caused depression, anxiety and suicidal ideation. His mental condition is directly from the injury and indirectly from the failed treatment for pain. He has severe depression and is suicidal. Celexa is being used as an antidepressant according to the FDA approved indications and is a standard of care.

