

Case Number:	CM13-0024781		
Date Assigned:	11/20/2013	Date of Injury:	05/19/1986
Decision Date:	01/24/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 physician 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 67-year-old female who reported a work-related injury on 05/19/1986 due to being hit by a student in the left side of the jaw and neck. The patient underwent a cervical decompression at C3-6 in 2012, decompression of lumbar facets times 2 in 2012 and lumbar facet blocks and decompression also in late 2012. The patient's diagnoses are status post right knee arthroscopic surgery, degenerative joint disease, cervical strain, disc lesion of cervical spine, right shoulder tendonitis and impingement syndrome, left shoulder tendonitis and impingement syndrome, lumbar disc lesion with radicular symptoms, anxiety and depression and insomnia. The patient has been declared permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Risperdal 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Risperidone, Atypical Antipsychotics

Decision rationale: Recent clinical documentation submitted for review stated that the patient had been experiencing increasing pain in her low back. She was noted to be taking Lortab, multivitamin and Klonopin. She remained anxious and was also being seen by a psychiatrist. The patient stated that she felt tired all day with a lack of energy. The patient was recommended to follow-up closely with her family doctor for anemia, low thyroid and a psychiatrist for depression and to increase her nutrition as well. She was given a prescription for Synthroid 50 mg 1 daily for hypothyroidism. Physical exam of the cervical spine revealed forward flexion at 45 degrees, extension at 55 degrees and rotation at 55 degrees on the right and 55 degrees on the left. Bending was 30 degrees on the right and 30 degrees on the left. Foraminal compression test and Spurling's test were positive. There was restricted range of motion in the lumbar spine. The patient was status post an epidural steroid injection times 1 with 50% relief. Topical creams and oral medications helped to relieve the pain. The Official Disability Guidelines indicate that Risperdal was not recommended as a first-line treatment. Guidelines indicate that antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. Furthermore, there was no rationale provided in the submitted clinical documentation for review for the patient to be taking Risperdal. As such, the request for Risperdal 1 mg #60 is non-certified.

Paroxetine 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Selective Serotonin Reuptake Inhibitors.

Decision rationale: The clinical note dated 11/07/2013 stated that the patient complained of pain in the lumbar spine. She was status post an epidural steroid injection times 1 with 50% relief and would like to proceed with a second injection. Topical creams and oral medications helped to relieve her pain. Examination of the lumbar spine revealed decreased mobility. Straight leg raise was positive, with tenderness to palpation along the paraspinal musculature. The MRI of the patient's lumbar spine revealed a herniated lumbar disc at L5-S1. The patient's diagnoses included anxiety and depression and insomnia. There was a lack of documentation noting that the patient was to begin an antidepressant, and there was no rationale given as to why the patient would be given a prescription of paroxetine 40 mg. The Official Disability Guidelines indicate that selective serotonin reuptake inhibitors are recommended as a first-line choice for the treatment of post-traumatic stress disorder. Antidepressants are recommended, although not generally as a stand-alone treatment. There was a lack of documentation submitted noting the patient's depression and her need for an antidepressant. The patient was not noted to have a diagnosis of post-traumatic stress disorder. Therefore, the request for paroxetine 40 mg #60 is non-certified.

Ambien 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Zolpidem.

Decision rationale: The recent clinical documentation for review stated that the patient remained anxious and had also been seen by a psychiatrist. She was noted to feel tired all day with a lack of energy. She was diagnosed with insomnia. The Official Disability Guidelines indicate that zolpidem is not recommended for long-term use, but is recommended for short-term use. Guidelines indicate that zolpidem is approved for the short-term treatment of insomnia, usually 2 to 6 weeks. The guidelines state that pain specialists rarely, if ever, recommend this medication for long-term use, as it can be habit-forming and may impair function and memory more than opioid pain relievers. There was also concern that Ambien may increase pain and depression over the long-term. There was a lack of documentation noting how long the patient has been taking Ambien. Guidelines further indicate that due to adverse effects, the 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. As such, the request for Ambien 10 mg #30 is non-certified.

Dextroamphetamin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus

Decision rationale: The patient's diagnoses included status post right knee arthroscopic surgery, cervical strain, right shoulder tendonitis and impingement syndrome, left shoulder tendonitis and impingement syndrome, lumbar disc lesion with radicular symptoms, anxiety and depression and insomnia. Dextroamphetamine is used as a part of a treatment program to control symptoms of Attention Deficit Hyperactivity Disorder in adults and children. It is also used to treat narcolepsy and is in a class of medications called central nervous system stimulants. There was a lack of documentation noting the rationale for the medication dextroamphetamine for the patient. The patient was not noted to have a diagnosis of ADHD or narcolepsy. The medication was not listed in the clinical documentation submitted for review. Given the above, the request for dextroamphetamine 10 mg #90 is non-certified.