

Case Number:	CM13-0026691		
Date Assigned:	11/22/2013	Date of Injury:	02/08/2001
Decision Date:	05/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

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, has a subspecialty in Pulmonary Diseases 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 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 injured worker is 50-year-old male who reported an injury on 02/08/2001. The mechanism of injury was not provided for review. The injured worker was evaluated on 08/15/2013. It was documented that the injured worker's medication schedule included Ambien 10 mg, Lidoderm patches, Lexapro 10 mg, Lexapro 20 mg, Trazodone 100 mg, Percocet 10/325 mg, and Neurontin 300 mg. It was documented the injured worker has 9/10 pain and good quality of sleep. The injured worker was monitored for compliant behavior with urine drug screens. It was documented the injured worker failed to respond to a trial of a Celebrex which caused the injured worker to pick at his arms. Physical evaluation of the injured worker documented limited range of motion with tenderness to palpation of the paravertebral musculature with positive right-sided straight leg raise test. The injured worker's diagnoses included spinal lumbar degenerative disc disease and low back pain. A request was made for a refill of medications. It was documented that the injured worker was taking Ambien to assist with sleep initiation to interference in sleep initiation caused by low back pain and stress. It was documented the injured worker was on Lexapro due to depressed mood from poor functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 with one refill: Upheld

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

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, INSOMNIA TREATMENTS

Decision rationale: California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines do not recommend the long-term use of this medication to assist with sleep dysfunctions related to chronic pain. It is documented that the injured worker's sleep quality is good. Therefore, the need for continued pharmacological interventions for the injured worker's sleep patterns would not be supported. Additionally, the request is for a 30-day supply, plus 1 refill. This exceeds guideline recommendations of a short duration of treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 10 mg #30 with 1 refill is not medically necessary or appropriate.

Lexapro 10mg #30 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

Decision rationale: American College of Occupational and Environmental Medicine does recommend short courses of antidepressants to assist with injured workers that experience depression and stress related to chronic pain. The clinical documentation submitted for review does support that this is the reason why the injured worker is prescribed this medication. However, there was no medication history provided. Therefore, the duration of treatment of this medication cannot be determined. The requested 30-day supply with 1 refill would exceed the recommendation of a short duration of treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Lexapro 10 mg #30 with 1 refill is not medically necessary or appropriate.