

<b>Case Number:</b>	CM13-0033076		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Occupational Medicine, 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 applicant is represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; adjuvant medications; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 17, 2013, the claims administrator apparently denied a request for Nucynta, Lexapro, and Ambien. The applicant's attorney subsequently appealed. In an earlier note of July 26, 2013, the applicant was again described as off of work, on total temporary disability, and was again described as using Nucynta, Lyrica, Lexapro, Ambien, and Prilosec on that date. In a clinical progress note of August 23, 2013, the applicant is described as unchanged. Persistent low back pain radiating to the right leg is noted. The applicant is having difficulty with sexual function. The applicant has low back and associated right leg weakness. The applicant is on Prilosec, Nucynta, Lyrica, Lexapro, and Ambien. The applicant is status post multiple epidural injections. The applicant is obese with a BMI of 33. Diminished lower extremity strength is noted. MRI imaging of the lumbar spine, electrodiagnostic testing, and a psychological consult are sought while the applicant is again placed off of work, on total temporary disability. Nucynta, Ambien, and Lexapro are renewed. The applicant was described as having issues with poor quality of sleep, lack of sexual desire, and other symptoms of depression. The applicant is apparently concurrently seeing a psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 75MG, #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the applicant has seemingly failed to meet these criteria. The applicant is off of work, on total temporary disability. The applicant reports heightened pain complaints as opposed to reduce pain complaints. The applicant's ability to perform various non work activities of daily living is seemingly diminished, despite ongoing opioid consumption. Therefore, the request for Nucynta, a renewal prescription, is not certified, on independent medical review.

**LEXAPRO 20MG, #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Anti-Depressants (Online version)

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take weeks to exert their maximal effect. In this case, the applicant is having a variety of mental health issues, including depression, poor energy levels, loss of sexual desire, etc. The applicant is concurrently receiving psychological counseling. Given the fact that it takes some time for antidepressants such as Lexapro to exert their maximal effect, it does seem more appropriate to continue Lexapro as opposed to discontinue the same, although it does not appear that the applicant has achieved largely favorable response to Lexapro to date. Nevertheless, as noted by ACOEM, antidepressants may sometimes take weeks to exert their maximal effect. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

**AMBIEN 10MG, #20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter zolpidem topic, zolpidem or Ambien is recommended in the short-term management of insomnia, typically on the order two to six weeks. It is not recommended for the long-term, chronic, and scheduled use purpose for which is being proposed here. Therefore, the request remains not certified, on independent medical review.