

Case Number:	CM13-0033881		
Date Assigned:	12/06/2013	Date of Injury:	05/30/2003
Decision Date:	01/15/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 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 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.

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 49-year old female with the history of chronic back pain. She reports an exacerbation of pain in her back with radiation to left lower extremity. On exam she had paravertebral tenderness, range of motion decreased, and evidence of radiculopathy. Report state she is not a candidate for surgery. She has been on Ambien since before 7/2012. The PTP states the Lexapro is for treatment of depression and the Ambien is for sleep. There is no note of the patients use of the medications and their efficacy. There is a cardiologist report indicating the patient has continued severe symptoms of depression and histrionic presentation. The report from 8/15/2013 indicates she has fair sleep patterns. There was no information regarding the patients Cymbalta and Lexapro combination in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 20mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Pain Page(s): 14.

Decision rationale: CA MTUS discusses SSRI medications in relation to chronic pain. They are not recommended according to MTUS page 14. Low Back Pain: Chronic : A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic

low back pain (short-term pain relief), but the effect on function is unclear. This effect appeared to be based on inhibition of norepinephrine reuptake. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. (Chou, 2007) Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRIs do not appear to be beneficial. (Perrot, 2006). The patient is already on an SNRI (Cymbalta). These two medications have similar actions and need proper justification and dose adjustment to use simultaneously. There has been no note regarding the combination of these medications. The patient continues to exhibit significant depressive symptoms even on the combination of meds. Therefore, as the request for the use of Lexapro 20mg, #30, is not medically necessary and appropriate.

Ambien 10mg, #20: 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.

Decision rationale: CA MTUS does not discuss Ambien. Therefore Official Disability Guidelines (ODG) pain section was referenced. ODG only recommends Ambien for short term use (2-6 weeks). This patient has been on this medication for well over a year. There is mixed reports of her sleep, but indications state she still has issues with sleep. This medication also has a potential to cause depression, a condition this patient suffers from. Therefore as guidelines do not recommend long term use of Ambien. The request for Ambien 10mg, #20 is not medically necessary and appropriate.