

<b>Case Number:</b>	CM13-0040753		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	10/27/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 a 61-year-old male who was reportedly injured on October 27, 2010. The mechanism of injury is an episode of syncope and a fall. The only note in the medical record is a psychiatric evaluation dated May 3, 2012, which indicates that there are ongoing complaints of bilateral shoulder and abdominal pain. No physical examination was performed. Prior treatment has included pain medications, physical therapy, a home exercise program, as well as psychological treatment. A request has been made for Ambien, Risperdal, Atarax, Prozac, Viagra, and Flexeril and was not certified in the pre-authorization process on October 15, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg, #30 with two (2) refills,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ambien, MedScape 2009 and PDR 2009.

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

**Decision rationale:** Ambien is a medication to be used as a sleep aid for a short period of time. The medical record does not contain any justification for the injured employee to be using a

sleep aid medication in relation to the compensable injury. Furthermore, 30 tablets with two refills does not indicate short-term usage. For these reasons, this request for Ambien is not medically necessary.

**Risperdal 0.5mg, #30 with two (2) refills,:** Upheld

**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 National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** Risperdal is a medication used for the treatment of schizophrenia and dementia. There is no mention of the injured employee having these diagnoses in the medical record. This request for Risperdal is not medically necessary.

**Atarax (Hydroxyzine) 25mg, #90 with two (2) refills,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** Atarax is a medication used to control allergies as well as nausea and vomiting and motion sickness. It is also sometimes used for anxiety and to treat symptoms of alcohol withdrawal however current medical literature does not support this usage. This request for Atarax is not medically necessary.

**Prozac 20mg, #60 with two (2) refills,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN. Decision based on Non-MTUS Citation website [Drugs.com](http://Drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** Prozac is a medication used for the treatment of depression. While the injured employee has been diagnosed with this, there is no documentation in the medical record of any improvements noted from the usage of Prozac. Without justification of specific efficacy of this medication, this request for Prozac is not medically necessary.

**Viagra 100mg, #6 with two (2) refills,:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine's MedLinePlus Database ([www.nlm.nih.gov](http://www.nlm.nih.gov)).

**Decision rationale:** Viagra is a medication used to treat erectile dysfunction. There is no documentation in the medical record that the injured employee has this issue nor is there a diagnosis of erectile dysfunction. For these reasons, this request for Viagra is not medically necessary.

**Flexeril 10mg, #90 with two (2) refills,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 41, 64 of 127.

**Decision rationale:** The California MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of acute episodes of chronic low back pain but advises against long-term use. Given the injured employee's date of injury and clinical presentation, and the lack of documentation of muscle spasms in the medical record, the guidelines do not support this request for Flexeril. As such, this request for Flexeril is not medically necessary.