

<b>Case Number:</b>	CM13-0056615		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/17/2007
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 patient also has therapy with a TENS unit that he uses up to 45-60 minutes a day depending on his pain and daily [REDACTED]. He has undergone multiple lumbar epidural steroid injections. Psychiatric consultation from [REDACTED] dated 05/04/2013 who had previously seen the patient on 04/22/2013 with complaints of severe insomnia, depression and anxiety attacks. Objectively, he is depressed and has poor concentration. He denies any suicidal or homicidal thoughts. He denies hallucinations. His diagnosis is Major Depressive Disorder, severe, single episode. Of note, Zoloft 100 mg and Ambien 0.5 mg were started after 09/22/2013. I recommend the patient have an additional 6 visits and am requesting authorization for those visits. I am adding Ambien (started after 05/04/2013.) 2 mg as needed for insomnia. He remains temporarily totally disabled. I plan to see him again in 2 weeks. The progress note dated 09/11/2013 documented the patient to have complaints of low back pain and notes that he is starting to feel a cold sensation at the place of his surgery. The cold sensation goes all the way up to his head and it causes him to have headaches. He notes his back pain is aggravated with sudden movements and notes his pain is alleviated with medication. He reports his pain 7/10 on a VAS with medications. He continues to utilize medications with benefit and improved function. He denies bowel or bladder incontinence, saddle anesthesia. He does require refill of medications today. Objective findings on examination of the lumbar spine reveal his gait is normal. He has well healed surgical scar. There is no redness, swelling, tenderness present near the scar

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

**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 Chapter, Anti-Depressant Section

**Decision rationale:** According to the Official Disability Guidelines (ODG), Antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Zoloft is recommended as a first-line treatment option for major depressive disorder. According to the Psychiatric consultation from [REDACTED] dated 05/04/2013 who had previously seen the patient on 04/22/2013 regarding complaints of severe insomnia, depression and anxiety attacks. Objectively, he was depressed and had poor concentration. He denied any suicidal or homicidal thoughts, or hallucinations. His diagnosis was Major Depressive Disorder, severe, single episode. The records indicate Zoloft was started in September 2013. There is no documentation of recent examination, subjective complaints, response to Zoloft, and ongoing diagnosis that supports the medical necessity of this medication. In the absence of supportive documentation, the medical necessity of Zoloft has not been established at this time.

**Ativan 0.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** According to the Official Disability (ODG), Lorazepam is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose. Other medications are recommended and considered appropriate for the treatment of symptoms of anxiety and depression. The medical records do not provide a viable rationale as to establish prescription of a medication that is not recommended under the evidence-based guidelines.

**Ambien 10mg with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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), Pain Chapter, Insomnia Section.

**Decision rationale:** According to Official Disability Guidelines, Zolpidem (Ambien) is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). According to the medical records, Ambien 0.5 mg was started after 09/22/2013. The medical records do not document current subjective complaints and corroborative objective findings/observations to substantiate active insomnia. There is no mention of attempts to address or improve sleep hygiene with non-pharmacologic means. There is no clear indication for Zolpidem at this time. Therefore Ambien is not medically necessary according to the guidelines.