

Case Number:	CM13-0066739		
Date Assigned:	01/03/2014	Date of Injury:	12/18/1992
Decision Date:	08/06/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

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 Psychiatry 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 a 63 year old male with date of injury 12/18/1992. Date of the UR decision was 12/5/2013. The progress report dated 11/26/2013 stated that he suffered from central low back pain with right sided groin pain, lateral knee pain and pain in left medial thigh to medial shin. It was suggested that anxiety was his main complaint at that visit and was affecting his sleep greatly. The progress report indicated that he was unable to sleep without the Ambien CR and that change in dosing and timing of Xanax at the previous visit had been helpful. Review of systems listed that injured worker had palpitations, night sweats, weight gain of 15 lbs, depression, sleep disturbances but experienced improvement in anxiety with the change in dose of Xanax to 1 mg three times daily as opposed to 0.5 mg as needed which he was taking before. It was suggested that Amitriptyline was helping with neuropathic pain and had added effect of aiding sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) month's supply of Xanax 0.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: The MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Xanax on an ongoing basis with no documented plan of taper. It was suggested that there had been an increase in dose of Xanax to 1 mg three times daily from 0.5 mg as needed dose. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Xanax 0.5 mg, three month supply is excessive and not medically necessary. Therefore the request is not medically necessary.

Three (3) month's supply of Amitriptyline 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The MTUS states that Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. A progress report dated 11/26/2013 from central low back pain with right sided groin pain, lateral knee pain and pain in left medial thigh to medial shin. It was suggested that Amitriptyline was helping with neuropathic pain and had added effect of aiding sleep. The guidelines suggest that the optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. Therefore the request is medically necessary.

Three (3) month's supply of Zoloft 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The MTUS states that selective serotonin reuptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials.

It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. The ODG states the American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. Many treatment plans start with a category of medication called SSRIs, because of demonstrated effectiveness and less severe side effects. Per the submitted documentation, it is evident that the injured worker suffers from depressive, anxiety symptoms secondary to chronic pain. There is no documentation regarding the injured worker having symptoms suggestive of MDD. The request for a 3 month supply for Zoloft 100 mg daily is excessive and is not medically necessary at this time.

Three (3) month's supply of Ambien CR 12.5mg: 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), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment.

Decision rationale: The ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists as first-line medications for insomnia. Zolpidem [Ambien (generic available), Ambien CR, Edluar, and Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. The request for a 3 month supply of Ambien CR 12.5 mg is not medically necessary.