

<b>Case Number:</b>	CM13-0071882		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/19/2008
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 is a 59 year old male who was injured on 05/19/2008 sustaining an injury to his shoulders, neck and back while attempting to secure a large valve when a metal pipe jerked him upward. Prior treatment history has included the patient undergoing arthroscopic surgery on 10/20/2008. The patient received physical therapy, massage and injections. Medications have included Hydrocodone, Omeprazole, Topical Ointments, Citalopram (Prescribed 10/03/2011), Trazodone (Prescribed 10/03/2011), Synthroid, Zyrtec, Celexa (Prescribed 02/28/2012), Restoril (Prescribed 06/22/2012), Ambien (Prescribed 11/03/2012), and Norco. On 11/03/2012 the patient reported Trazodone had not been helping with sleep and he was unable to maintain sleep so Celexa and Ambien were prescribed. Diagnostic studies reviewed include urine drug screens dated 03/19/2012, 07/23/2012 and 01/21/2013 tested negative for anticonvulsants, antidepressants, barbiturates, benzodiazepine, opiates, sedative/hypnotics. The analyte detected without prescribed medication was, hydrocodone. On 04/22/2013 urine drug screen tested negative for anticonvulsants, antidepressants, barbiturates, benzodiazepine, opiates analyte, and Zolpidem. Psychiatric AME dated 08/06/2013 documented the following: According to the patient, the change in his mood began about two months ago after the surgery. He was under the care of a psychologist consisting of group therapy twice per week. Additionally, he was prescribed medications consisting of trazodone, 1 mg qhs, and Citalopram 40 mg qd. In terms of disability status, he was found to be temporarily partially disabled on a strictly psychological basis from 04/23/2009 through 10/29/2011. Within several minutes of beginning the examination, he complained of neck pain and evidenced a tense facial expression. He displayed a wide range of emotions. There was no indication of serious depressive symptoms such as psychomotor retardation and suicidal ideation. He evidenced a sad facial expression, which was consistent with his self-report of a "depressed" mood the entire time. He continues to report the

presence of a lot of pain in his neck bilaterally, accompanied by stiffness and radiating to both shoulder accompanied by muscle tightness. It is alleviated by a medicine and rubbing cream. The pain in his neck is rated 7/10. In terms of the impact of neck pain, he said "he cannot do anything", elaborating that he has difficulty bending, turning and performing "normal" household chores. The back pain started eight months after the accident, when he returned to work for several weeks. The back pain is always present and interferes with his sleep, causing him to wake up after one or two hours to change positions. He also reported bilateral aching shoulder pain that is mild in severity, 4-5/10 on the left side and moderate 6-7/10 on the right. When asked about gastrointestinal systems he reported "a lot of gas and belching", which he attributes to "a lot of medications". At night the patient requires one and one half hour to fall asleep. He obtains only three hours of sleep per night due to his pain in his back, shoulders and neck. He wakes up feeling "very tired" and he does not "have energy" during the course of a day. At midday he typically takes a 10 minutes nap. Emotionally the patient described his mood as "depressed all the time". His depression is accompanied by feelings of shame secondary to the pain in his back, neck and shoulders. He rated his level of depression as about 5-6/10. Group psychotherapy was discontinued about two months ago because it was no longer authorized. He was going twice weekly and said his mood improved to 4-5/10. He continues to take medications for depression, which are helpful. With respect to emotions of anxiety, worry and nervousness, the patient reported experiencing a lot of this accompanied by bilateral shaking and heart pounding. He was unable to say how he feels anxious, but he rated his anxiety as 7/10 severity, remaining at this level for one to two minutes before he is able to calm himself through strategies he learned in group therapy. The patient's current medications are Hydrocodone, Cussula, Mariamenta, Omeprazole, Flurbiprofen, Lidocaine, Tramadol, Gabapentin, Cyclobenzaprine, Trazodone, Citalopram, Zolpidem, Hytrin, Synthroid and Terazosin. He is also taking psychotropic medications, stating that the combined psychiatric psychological treatment was helpful in improving his mood. According to the patient, there is little change in his mental state from 2010 until 2011, although the patient derived benefit from group psychotherapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PRESCRIPTION OF CELEXA 40MG, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA drug insert, Celexa.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. According to the Official Disability Guidelines, many antidepressants, in particular the Selective Serotonin Reuptake Inhibitors (SSRIs) are considered first-line agents in the treatment of most forms of anxiety. They have a more favorable side-effect profile than monoamine oxidase inhibitors (MAOIs) or tricyclic antidepressants (TCAs). They also have the advantage of treating comorbid depression. Anxiety is a non FDA-approved indication for Celexa. In this case, although the medical records indicate the patient has been prescribed Celexa at least since February 2012, repeated urine toxicology screens have been negative for medications prescribed. There is no evidence the patient has been utilizing the medication as prescribed. In addition there is not indication this medication has been clinically beneficial. The

request for Celexa 40 mg # 30 is not medically necessary and appropriate.

**PRESCRIPTION OF TRAZADONE 150MG, BY THE MOUTH, EVERY 8 HOURS, #30:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain, Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

**Decision rationale:** According to the Official Disability Guidelines (ODG) and California MTUS guidelines, 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. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this case, the medical records document that the patient's medication regimen has included Trazodone at least since October 2011. On 11/03/2012 the patient reported trazodone had not been helping with sleep. In addition, repeated urine drug screens have been negative for prescribed medications, including the anti-depressant. There are no subjective or objective findings to support benefit with use. According to ODG, Trazodone is one of the most commonly prescribed agents for insomnia. Sedating anti-depressants, such as Trazodone, have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. However, there is no evidence of insomnia, and the patient denied benefit as sleep aid. The request for Trazodone 150mg # 30 is not medically necessary and appropriate.

**PRESCRIPTION OF AMBIEN 10MG, BY THE MOUTH #30:** 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 Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

**Decision rationale:** According to Official Disability Guidelines, Ambien is indicated for short term treatment of insomnia with difficulty of sleep onset, 7-10 days and is indicated for treatment of insomnia with difficulty of sleep onset and/or maintenance. Review of the medical records reveals Ambien has been chronically prescribed since 2012, which is not recommended. In addition, repeated urine drug screens have been negative for prescribed medications. Furthermore, the medical records submitted do not document any subjective complaints or corroborative clinical objective findings as to establish an active diagnosis of insomnia. There is no clear indication for continued Ambien. The request for Ambien 10 mg # 30 is not medically necessary and appropriate.