

Case Number:	CM13-0072523		
Date Assigned:	01/17/2014	Date of Injury:	08/13/1998
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/31/2013

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 & 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 was injured on 08/13/1998. The patient has a cumulative trauma injury that occurred during the course of her work. She had sustained injuries causing her orthopedic symptoms to her neck, back, and upper extremities; psychological difficulties and fibromyalgia symptoms. Prior treatment history has included individual therapy and group therapies. Updated Report of Patient's Psychological status report dated 11/14/2013 indicated the patient was diagnosed with depressive disorder, not otherwise specified, prominent anxiety symptoms, chronic, not in remission. The patient continues to have persistent symptoms including depressed mood, psychomotor agitation, crying spells, problems with memory and concentration, sleep disturbance, and social withdrawal. Comprehensive Psychological Evaluation dated 08/19/2013 reported the patient continues to have complaints of anxiety and depression which she rates on a scale of 1 to 10, 10 being most anxious and depressed, she considers herself to be between 7 and 8. She complains of sleep disturbance due to pain and worry. Also, the fibromyalgia does not allow her to have a restorative sleep; orthopedic symptoms as she continues to have pain in her neck, shoulder, mid and lower back as well as bilateral carpal tunnel symptoms; and headaches that she continues to experience almost on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AMBIEN 10MG P.O.Q.H.S: 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)

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: The medical records submitted do not clearly detail the subjective complaints regarding sleep disturbance or include corroborative clinical objective findings as to establish an active diagnosis of insomnia. In addition, the guidelines recommend use of this medication only for short term periods. Prolonged use is not recommended or supported by the guidelines. It is unclear how long this patient has been on Zolpidem. It is also relevant that the medical records do not document the patient's attempts to establish and maintain appropriate sleep hygiene. Given the reasons above, the medical necessity of this medication has not been established.

THE REQUEST FOR AMITRIPTYLINE 10MG #60: Overturned

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 Amitriptyline Page(s): 13.

Decision rationale: According to the medical records, the patient continues treatment for the diagnosis of depressive disorder, NOS and prominent anxiety symptoms, chronic. The guidelines state that Amitriptyline, a tricyclic antidepressant is generally considered a first-line agent. Given the patient's reported symptoms and diagnosis, amitriptyline would be appropriate. However, should the medical records fail to demonstrate subjective and objective improvement with the medication, it should not be continued. At this time, the medical necessity of Amitriptyline has been established.

THE REQUEST FOR NORTRIPTYLINE 10MG #60: 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), Mental Illness & Stress, Antidepressants for treatment of MDD (Major Depressive Disorder and Nortriptyline; <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682620.htm>).

Decision rationale: Antidepressants for treatment of MDD (major depressive disorder) - 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. Not recommended for mild symptoms. Nortriptyline is used to treat depression. Nortriptyline is

in a group of medications called tricyclic antidepressants. It works by increasing the amounts of certain natural substances in the brain that are needed to maintain mental balance. According to the medical literature, antidepressants may be initially indicated for the treatment of major depressive disorder, presentations that are deemed moderate, severe or psychotic. The medical records do not establish this patient's presentation is major depressive disorder of moderate severity. In addition, the patient has already been recommended treatment with amitriptyline. It would be appropriate to await further evaluation, regarding the patient's response to amitriptyline, prior to considering any additional medications of this class.

THE REQUEST FOR NAPROXEN 500MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to the guidelines, NSAIDS are recommended as an option for short-term symptomatic relief of chronic low back pain. Although there are no supportive objective findings, the patient describes continued pain in the neck, shoulder, back and wrists, and daily headaches. Based on the patient's report, it is reasonable that she be provided an NSAID to provide symptomatic relief of mild to moderate pain flare-ups unresponsive to self-care measures of non-medication interventions. Therefore, the medical necessity of Naproxen 500mg #60 has been established at this time.