

Case Number:	CM14-0015836		
Date Assigned:	07/02/2014	Date of Injury:	07/08/2010
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 injured worker is a female with date of injury 7/8/2010. Per pain medicine and psychiatry progress note dated 1/27/2014, the injured worker has decreased and stopped her Norco as as way us testing to see whether her headaches would get better off of narcotic analgesics. So far they haven't, and her pain symptoms have increased. She noticed that when she missed a day of Cymbaltea her pain issues got significantly worse. With mental status examination she is noted to be appropriately groomed, have no evidence of gross agitation or psychomotor retardation, is a little bit more anxious, and affect is appropriate. She is oriented to person, place, time and situation. Memory is grossly intact to immediate recall, recent and remote events. Thought process has no evidence of loose associations of flight of ideas. Thought content has no evidence of hallucinations of delusions. There is no suicidality or homicidality. Diagnoses include agoraphobia, panic, depression, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Paroxetine HCL 40 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain section Page(s): 13-16.

Decision rationale: The injured worker has significant panic and anxiety symptoms, and significant agoraphobia. With agoraphobia she has difficulty leaving her house without having panic attacks, and therefore she doesn't do it. It is very important that she be treated so that she can go back to work and potentially earn a living for herself. Stopping Paxil is a way of increasing the agoraphobia and making her symptoms worse. This has been an effective medicine for this patient. The claims administrator reports that the injured worker is receiving multiple antidepressants and continues to complain of anxiety. There is no functional benefit documented with the use of this medication. Antidepressant for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain. Selective serotonin reuptake inhibitor (SSRIs) such as paroxetine HCl are effective at addressing psychological symptoms associated with chronic pain. The requesting physician does report that this has been an effective medication for this injured worker. The request for paroxetine HCl 40 mg #60 is medically necessary.

Diazepam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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

Decision rationale: The claims administrator reports that: long term use of diazepam is not indicated as there is a risk for addiction and rapidly diminishing effectiveness. Diazepam is a benzodiazepine medication. The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. The request for diazepam 5 mg #60 is not medically necessary.

Trazodone HCL 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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 section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as Trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. The benefits for sleep and depression in this particular injured worker are not addressed sufficiently to determine medical necessity. The request for Trazodone 50 mg #60 is not medically necessary.

Zolpidem Tartrate 10 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

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 section, Zolpidem (Ambien) section.

Decision rationale: The use of Zolpidem Tartrate is not addressed by the MTUS Guidelines. The ODG reports that zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbances. There is no evidence that sleep hygiene and causes of insomnia have been addressed adequately to support the use of Zolpidem Tartrate. The request for Zolpidem Tartrate 10 mg #30 is not medically necessary.