

Case Number:	CM14-0117821		
Date Assigned:	08/06/2014	Date of Injury:	01/14/1984
Decision Date:	09/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65-year-old gentleman was reportedly injured on January 14, 1984. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of low back pain radiating to both lower extremities. The physical examination demonstrated tenderness of the lower lumbar spine paraspinal muscles and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed on this visit. Previous treatment includes three lumbar spine surgeries, epidural steroid injections, and the use of a spinal cord stimulator. A retrospective request made for Ambien and Lexapro was non-certified on June 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ambien 10 mg. # 30 with one refill DOS: 6/17/14: Upheld

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

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

Decision rationale: The injured employee has recently received a lumbar spine epidural steroid injection which was stated to have resulted in decreased pain by 50% and the reduction of pain medication usage by one third. Nonetheless, there is still a request for the usage of Ambien, which was stated to be prescribed for disrupted sleep architecture secondary to pain. Additionally, a review of the available medical records indicates that Ambien has been prescribed several times, but the Official Disability Guidelines states that Ambien is only approved for short-term use, usually 2 to 6 weeks. For these reasons, this request for Ambien is not medically necessary.

Retrospective request for Lexapro 20 mg #30 with one refill, date of service (DOS) 6/17/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 107.

Decision rationale: The injured employee has recently received a lumbar spine epidural steroid injection which was stated to have resulted in decreased pain by 50% and a reduction of pain medication usage by one third. Additionally the progress note dated April 21, 2014 does not indicate any findings of radicular symptoms, nor is there a diagnosis of depression, for which Lexapro would be prescribed. For these reasons, this request for Lexapro is not medically necessary.