

Case Number:	CM14-0023933		
Date Assigned:	06/11/2014	Date of Injury:	07/10/2002
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine, and is licensed to practice in Arizona. 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 64-year-old with a date of injury on July 10, 2002. Diagnoses include reflex sympathetic dystrophy, status post spinal cord stimulator, and complex regional pain syndrome in the right leg. Subjective complaints are of continued neuropathic pain in the right lower extremity that overall has been improving. Pain was noted to be 9/10 with medications, and 4/10 without. Physical exam shows tenderness to the lumbar spine and light touch allodynia in the right ankle. The right lower extremity cutaneous temperature was slightly reduced, and there was bilateral lower extremity weakness. Medications include Wellbutrin XL 150mg, Gabapentin, Alprazolam 0.5mg, Ambien 10mg two at bedtime for sleep, and Norco 10/325 four times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG SIXTY COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ODG suggests that zolpidem is only approved for the short-term treatment of insomnia. The recommended time-frame of usage is usually two to six weeks and long-term use is rarely recommended. Sleeping pills can be habit-forming, impair function and memory, and increase pain and depression over long-term use. For this patient the request is for the chronic use of Ambien. The continuation of this medication exceeds recommended usage according to the Official Disability Guidelines. The request for Ambien 10mg, sixty count, is not medically necessary or appropriate.

ALPRAZOLAM 0.5MG THIRTY COUNT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Chapter.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. For this patient there is no documentation indicating rationale for medication and does not identify subjective or objective signs consistent for benzodiazepine therapy. The request for Alprazolam 0.5 mg, thirty count, is not medically necessary or appropriate.

WELLBUTRIN XL 150MG THIRTY COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that Wellbutrin is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) that has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial. Furthermore, the Chronic Pain Medical Treatment Guidelines suggests that Wellbutrin is generally a third-line medication and may be considered when patients have not had a response to a tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor). While this patient has neuropathic pain, there is no documented failure of a tricyclic or SNRI medication. The request for Wellbutrin XL 150mg, thirty count, is not medically necessary or appropriate.