

<b>Case Number:</b>	CM14-0026632		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 49-year-old female who was reportedly injured on March 8, 2011. The mechanism of injury was noted as a slip and fall. The most recent progress note dated March 14, 2014, indicated there were ongoing complaints of low back pain and lower extremity pain. Current medications were stated to include Ambien, Lidoderm patches, Lyrica, pantoprazole, Flexeril and Norco. The physical examination was normal. Diagnostic imaging studies objectified lumbar spine spondylosis and spondylolisthesis. Psychological testing noted anxiety and depression. Previous treatment includes physical therapy and chiropractic treatment. A request was made for a psychiatric evaluation with three followup visits and medications of Ambien, Lyrica and Flexeril and was not certified in the pre-authorization process on January 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PSYCHIATRIC EVALUATION WITH 3 FOLLOW UP VISITS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26(Effective July 18, 2009), Psychological evaluations Page(s): 101 of 127.

**Decision rationale:** According to the attached medical record, the injured employee had a prior history of depression, and there are no current read flags or suicidal ideations. The employee was currently diagnosed with depression and anxiety but has not been prescribed any antidepressant medications. Antidepressants are the first line treatment for the injured employee's complaints of anxiety and depression. Such medications should be tried first prior to considering a psychiatric evaluation. This request for Psychiatric Evaluation and Followup Visits is not medically.

**AMBIEN 5MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem, updated July 10, 2014.

**Decision rationale:** Ambien is a short acting non-benzodiazepine hypnotic indicated for the shortterm treatment of insomnia. According to the attached medical record, the injured employee has been prescribed Ambien for nearly a year's time. Treatment is recommended for between 2 to 6 weeks time, as longterm usage may be habit forming and impair function and memory. Considering this, the request for Ambien is not medically necessary.

**LYRICA 25MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26(Effective July 18, 2009), Anti-epilepsy drugs Page(s): 16 of 127.

**Decision rationale:** Lyrica is an anti-epileptic medication indicated for the control of neuropathic pain. According to the attached medical record, the injured employee had not been diagnosed with neuropathic pain or radiculopathy. Therefore, it is unclear why this medication was prescribed. This request for Lyrica is not medically necessary.

**FLEXERIL 10MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 63 of 127.

**Decision rationale:** According to the California MT US Chronic Pain Medical Treatment Guidelines muscle relaxants such as Flexeril is only indicated for short-term treatment of acute exacerbations of chronic low back pain. According to the attached medical record the injured

employee appears to be using this medication for chronic usage. Additionally this prescription is for 120 tablets which also indicates chronic usage. This request for Flexeril is not medically necessary.