

<b>Case Number:</b>	CM14-0040572		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/28/1997
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Texas and Ohio. 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 46-year-old female with a reported date of injury on 10/28/1997. The mechanism of injury reportedly occurred when the injured worker tripped on a carpet injuring her right foot. Her diagnoses were noted to include reflex sympathetic dystrophy, insomnia, and chronic pain syndrome. Her previous treatments were noted to include surgery, medications, and a functional restoration program. The progress note dated 02/06/2014 reported the injured worker was feeling better and had improved since her stomach flu and pain condition had improved some. The injured worker reported she would like to continue reducing her medications and had reduced from Norco 6 tablets per day down to 5 per day. The review of systems noted complaints of balance problems, poor concentration, memory loss and weakness but denies numbness, seizure and tremors. There was not a physical examination documented within the medical record. The medications were noted to include Ativan 10 mg every 8 hours as needed, Ambien CR 12.5 mg 1 at bedtime, Flexeril 10 mg 1 every 8 hours, Norco 10/325 mg 1 every 4 to 6 hours as needed for pain, and Celexa 40 mg tablets 1 daily. The request for authorization dated 02/27/2014 was for Ambien CR 12.5 mg tablets take 1 at bedtime for insomnia and Celexa 40 mg 1 daily, however the physician's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF AMBIEN CR 12.5MG #30 WITH 3 REFILLS:** 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), Mental Illness & Stress.

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

**Decision rationale:** The Official Disability Guidelines state Zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and is often hard to obtain. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribe in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the injured worker has been taking this medication for over 6 months and the guidelines recommend the utilization of this medication for short-term use. The injured worker has reported complaints of balance problems, poor concentration and memory loss which is consistent with side effects of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for one prescription of Ambien CR 12.5mg #30 with 3 refills is not medically necessary and appropriate.

#### **1 PRESCRIPTION OF CELEXA 40 MG #30 WITH 6 REFILLS: 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), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent, unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs in a few days to a week, whereas antidepressant effect takes longer to occur. The MTUS guidelines state assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes to the use of other analgesic medication, sleep quality, duration, and psychological assessment. Chronic Pain Medical Treatment Guidelines state long term effectiveness of antidepressants has not been established. The guidelines state that antidepressants are recommended for neuropathic pain and in regards to non-neuropathic pain, it is recommended as an option in depressed patients, but effectiveness is limited. In this case, there is a lack of documentation regarding depression or neuropathic pain to warrant the utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Celexa is not medically necessary and appropriate.

