

Case Number:	CM14-0049733		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2001
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 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:

This 61 year old female has developed chronic myofacial pain subsequent to culmulative trauma with a DOI 3/28/2001. The pain syndrome involves the cervical and shoulder areas of her upper extremities. She is treated for the pain with alternating Vicodin 5mg/325 or Norco 5mg/325 every 4-6 hrs as needed for pain. She is also taking Celebrex 200 mg 2 times a day. Her diagnoses also include major depression, generalized anxiety disorder and a sleep disorder. She is receiving psychological therapy, plus medication management by a Psychiatrist. These medications include Zoloft 100 mg daily, Ambien 10 mg nightly and Clonazepam .5mg twice a day. No addictive behaviors are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, 13,14 Page(s): 13-14.

Decision rationale: MTUS Guidelines support the use of antidepressants when there is a combination of chronic pain and depression. It is clearly documented that this patient has been

diagnosed with both problems, and the Zoloft is prescribed by a Psychiatrist. The medication is medically necessary per the MTUS Guideline standards.

Ambien 10mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines; Chapter: Pain.

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

Decision rationale: ODG Guidelines recommend short term use of Ambien whenever possible i.e. other nonpharmacological approaches have been exhausted. The Guidelines do make note that long term use has proven to be safe. With the ongoing psychological care and medication use under the direction of a Psychiatrist, alternative approaches are or have been addressed, but have been unsuccessful. Under these specific circumstances the use of Ambien is consistent with Guideline recommendations. As such, the request is medically necessary.

Clonazepam 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Benzodiazepines, page(s) 23 Page(s): 23.

Decision rationale: MTUS ACOEM Practice Guidelines recommend that long term stress issues should be referred out to a specialist for pharmacological management with the possibility of longer term use of anxiolytics. The prescribing and monitoring physician is a Psychiatrist and the dose is low and stable. Under these specific circumstances, an exception to the general guideline recommendation is reasonable. As such, the request is medically necessary.