

<b>Case Number:</b>	CM14-0059490		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/28/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 61 year-old individual was reportedly injured on 7/28/2010. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 2/11/2014. Indicates that there are ongoing complaints of depression, neck and low back pain. The physical examination demonstrated lumbar spine: shows loss of lumbar lordosis. Patient walks on the heels with difficulty due to pain, ambulates with a walker. +2 paralumbar spasm with tenderness to palpation on the right. Atrophy is present in the quadriceps. Limited range of motion with pain. Straight leg raise is positive at 30. Lower extremity deep tendon reflexes are absent at the knees, sensation to light touch is decreased bilaterally in the L5 dermatome. Muscle strength 5/5. Left scapular winging is present in the thoracic spine. Upper extremity exam shows no sensory motor deficits. Cervical spine: shows asymmetry of the neck and shoulders with tilting of the head and neck to the left. With axial compression of the cervical spine there is positive bilateral trapezius tenderness. Tenderness to palpation in the trapezius. Full of motion of the cervical spine. Upper extremity reflexes are 1+ in the right biceps, decreased sensation to light touch over the C5-C6 dermatomes. Muscle strength 5/5. No recent diagnostic studies are available for review. Previous treatment includes spinal fusion, medications, and conservative treatment. A request had been made for value 2.5 mg #60, Cymbalta 60 mg number sign 60, Ambien 12.5 mg #30, Seroquel 25 mg #30, and was not certified in the pre-authorization process on 4/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 2.5 mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Therefore this medication is deemed not medically necessary.

**Cymbalta 60 mg quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-depressant treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13 of 127.

**Decision rationale:** Cymbalta (Duloxetine) Cymbalta is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. When noting that the record does not reflect that the claimant has any of these conditions, then there would be no clinical indication to support the use of Cymbalta. Therefore, this request is considered not medically necessary.

**Ambien CR 12.5 mg quantity 30: 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) - ; Pain (Chronic) - Ambien (updated 07/10/14).

**Decision rationale:** California MTUS/ACOEM does not address; therefore ODG used. Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long-term use for chronic pain. As such, this request is not medically necessary.

**Seroquel 25 mg quantity 30: 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) Mental Illness and Stress.

**Decision rationale:** The California MTUS and ACOEM do not address the use of antipsychotic medications. Seroquel is addressed by the ODG and is not recommended as a first-line treatment. Additionally, the ODG indicates that antipsychotics are not recommended for conditions covered in the ODG. The clinician provides no clear indication for the utilization of this medication as such is considered not medically necessary.