

Case Number:	CM14-0066839		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2006
Decision Date:	07/31/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 in 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:

The claimant was injured on 05/04/06 and his medications are under review which include Cymbalta, Ambien CR, and Elavil. On 02/17/14, the claimant complained of right shoulder pain, cervical spine pain, and thoracolumbar pain. He reported depression, sadness, and difficulty sleeping. Motion of the cervical spine and lumbar spine were slightly restricted in all planes. There were multiple myofascial trigger points and taut bands at the cervical and thoracic regions. The range of motion of the right shoulder and right wrist were decreased in all directions. Romberg test was positive. The claimant had a diagnosis of status post intracranial bleed with residual posttraumatic headaches and labyrinthitis, right shoulder sprain, sleep disturbance, chronic myofascial pain syndrome, cervical and thoracolumbar spine. He was prescribed naproxen, topiramate, hydrocodone APAP, Elavil, Cymbalta, and Ambien CR. Elavil was granted Cymbalta and Ambien CR was not granted. Several drug screens have shown no evidence of any medications. On 12/05/13, he was evaluated and complained of headaches that were worse. They had been well controlled with his Topamax and naproxen. They're occurring daily for the last 3 weeks. He was getting greater than 50% improvement in his constant neck, upper and lower back pain with the trigger point injections and his medications. His depression was 7/10. He had some difficulty sleeping He was prescribed naproxen, topiramate, hydrocodone/APAP, Elavil, Ambien CR, and Cymbalta on 02/70/14. He reported that his headaches were well controlled with Topamax and Elavil. He has been getting greater than 50% improvement in his pain. Depression was still moderately severe. He still had difficulty sleeping. He received the medications again.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 43.

Decision rationale: The history and documentation do not objectively support the request for Cymbalta. The California MTUS state antidepressants for chronic pain - recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The claimant was also taking Elavil and stated that Elavil was helping his headaches. The addition of Cymbalta appears to be duplication and there was no explanation in the records for the claimant to be receiving two anti-depressants. There is no indication as to what was being treated with Cymbalta or what benefit he may have received from it. The California MTUS further state before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical necessity of the use of Cymbalta has not been demonstrated. Therefore, the request is not medically necessary.

Ambien CR 12.5 mg quantity 60: 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), Formulary, Ambien CR.

Decision rationale: The history and documentation do not objectively support the request for Ambien CR. The Official Disability Guidelines formulary states that Ambien CR, Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed 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. Ambien CR offers no significant clinical advantage over regular release Zolpidem. Ambien CR is approved for chronic use, but chronic use of hypnotics in general is discouraged,

as outlined in Insomnia treatment recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness.) In this case, there is no documentation of a workup for sleep disturbance or any indication that basic sleep hygiene has been discussed and tried and failed. The medical necessity of the use of Ambien CR has not been clearly demonstrated. Therefore, the request is not medically necessary.

Elavil 100 mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 43.

Decision rationale: The history and documentation support the request for use of Elavil. The claimant has chronic pain and headaches and depression with difficulty sleeping. The California MTUS recommend first line antidepressants such as Elavil for these indications and the claimant has reported that Elavil has helped his headaches. The California MTUS state antidepressants for chronic pain - recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The medical necessity of the use of Elavil can be supported in this case. Therefore, the request is medically necessary.