

Case Number:	CM14-0084147		
Date Assigned:	07/21/2014	Date of Injury:	10/06/2011
Decision Date:	09/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 44 year-old male who had a work related injury on 10/06/11. The injured worker was working as a truck driver and one of the doors in the back of the truck came open and struck him on the left side of his face, fracturing his zygomatic arch and perhaps causing eye damage. The injured worker had emergency surgery and spent the year 2012 not working. The most recent clinical documentation submitted for review was dated 07/07/14 the injured worker came in complaining of depression, changes in appetite, sleep disturbance, lack of motivation, excessive worry, restlessness, tension, anticipation of misfortune, decreased energy, feeling "keyed up" or on edge, pressure, pessimism. On objective findings, the injured worker initially presented in the interview casually as soft spoken with depressed facial expression, visible anxiety, tearful, agitated. There was functional improvement that increased motivation, also became less isolated and reporting spending less time in bed. Diagnoses are anxiety disorder, cognitive disorder not otherwise specified, and psychological factors affecting medical condition. There were no other records from psychiatrist although the treating physician stated he was waiting on the psychiatric report but apparently never received them. Prior utilization review on 05/06/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of medication with two (2) refills: Fioricet number sixty (#60): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, use of Fioricet, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate that the patient's pain and symptoms remain unchanged with the current medication regimen. As such, the continued use of Fioricet cannot be established as medically necessary at this time.

Pharmacy purchase of medication with two (2) refills: Atarax 25mg number (#60):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The clinical information submitted for review does support the request. There is documentation of anxiety as a diagnosis, following the injury, and last report was, the injured worker was having functional improvement that increased motivation, also became less isolated and reporting spending less time in bed. As such, medical necessity has been established.

Pharmacy purchase of medication with two (2) refills: Sertraline 50mg number sixty (#60):
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is clinical evidence in the documentation that the patient

has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for this medication can be recommended as medically necessary at this time.

Pharmacy purchase of medication with two (2) refills: Ambien 10mg number thirty (#30): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

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

Decision rationale: As noted in the Pain (Chronic) of the Official Disability Guidelines (ODG) - online version, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long-term use. Ambien can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. The patient has been utilizing this medication on a long-term basis, exceeding the recommended 2-6 week window of use. As such, the request for Ambien 10 mg is not medically necessary.