

<b>Case Number:</b>	CM14-0011294		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 52 year old male sustained a work related injury on 07/29/2010. According to an evaluation dated 12/05/2013, the injured worker presented with complaints of pain in his neck that was rated 8 on a scale of 1-10. He reported that his neck was sore and his left shoulder pain was rated an 8/10. His left ear was still ringing and he complained of headaches rated 8/10 in the occipital and parietal region, with occasional burning of the eyes. Diagnoses included cervicalgia, radiculopathy cervical spine, supraspinatus tendon tear left shoulder, post-traumatic headaches, and depression. Treatment plan included ibuprofen for baseline pain and inflammation, omeprazole to protect the gastric mucous, zolpidem as needed for sleep disturbance, fluoxetine, amitriptyline and citalopram for depression, and Flexeril for muscle spasms. All medications were prescribed with two additional refills. The treating provider noted that omeprazole was for medication safety and history of gastroesophageal reflux. Work restrictions included no excessive pushing, pulling or twisting, no lifting over 20 pounds, no excessive use of the left hand and arm, and no lifting above shoulder level or working with arms above shoulder level. The request for authorization was dated 12/5/2013, with Utilization Review (UR) non-certifying the medications on 12/30/2013. At the time of this Independent Medical Review, the records from Utilization Review for non-certification were not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZOLPIDEM 10MG, TAKE 1 PO QHS #30 X3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-PAIN (UPDATED (11/14/13) ZOLPIDEM (AMBIEN).

**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), Zolpidem (Ambien).

**Decision rationale:** The MTUS does not address Ambien, but according to the ODG cited, Ambien is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. Although the injured worker has been long-term on Ambien, there is no documentation concerning current symptoms of sleep dysfunction or efficacy. Based on the medical records available and concern of prolonged use, Ambien 10 mg #30 with 3 refills is not medically necessary.

**PROZAC 20MG, TAKE 1 PO QS #30 X3: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain SSRIs (selective serotonin reuptake inhibitors) Page(s): 13-15 and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Fluoxetine (Prozac).

**Decision rationale:** Per the cited MTUS guidelines, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Generally, tricyclics are considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. According to the ODG cited, Prozac is recommended as a first-line treatment option for major depressive disorder. The treating physician's notes for the injured worker include diagnoses that have chronic pain, and in addition, he is on a tricyclic and is listed as having depression. During the time of this Independent Medical Review, the records from Utilization Review for non-certification of Prozac were not available. Therefore, based on the available records and guidelines, Prozac 20 mg #30 with 3 refills is medically necessary.

**AMITRIPLITINE 100MG, TAKE 1 PO QHS #30 X3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-DEPRESSANTS Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Anti-depressants for chronic pain Page(s): 13-15.

**Decision rationale:** Per the cited MTUS guidelines, amitriptyline is generally considered a first-line agent for chronic pain, and in particular for neuropathic pain, unless it is ineffective, poorly tolerated, or contraindicated. The injured worker's available medical records indicate that he is tolerating amitriptyline for chronic pain. During the time of this Independent Medical Review, the records from Utilization Review for non-certification of amitriptyline were not available. Based on the treating physician's notes and the cited guidelines, amitriptyline 100 mg QHS #30 with 3 refills is medically necessary and appropriate.

**IBUPROFEN 800MG 1 PO TID PRN #90 X 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAIDS Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67-68.

**Decision rationale:** The MTUS guidelines cited state that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. However, in acute exacerbations of LBP, NSAIDs are recommended as a second-line treatment, and for neuropathic pain, it may be useful for breakthrough pain. The injured worker's (IW) baseline pain is overall around 7-8/10, but there is no documentation of pain state without medications, and there is no documentation of objective functional benefit. During the time of this Independent Medical Review, the records from Utilization Review for non-certification of ibuprofen were not available. Based on the sparse available medical records and guidelines cited for acute exacerbations, ibuprofen 800 mg 3 times per day as needed for pain #90 with 3 refills, is medically necessary and reasonable.