MAXIMUS Federal Services

Case Number:	CM14-0195630		
Date Assigned:	12/03/2014	Date of Injury:	10/28/2010
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Preventive 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:

According to the records made available for review, this is a 61-year-old male with a 10/28/10 date of injury. At the time (10/29/14) of request for authorization for Retrospective Lexapro 10 mg #60 dispensed on 10/29/2014 and Retrospective request for Ambien 5 mg #30 dispensed on 10/29/2014, there is documentation of subjective (persistent low back pain radiating to the left lower extremity) and objective (positive straight leg raise test on the left side and sensory changes in the anterolateral thigh and pretibial area) findings, current diagnoses post laminectomy syndrome, status post lumbar decompression, and depression and anxiety due to chronic pain, and treatment to date (physical therapy and medications (including ongoing treatment with Ambien and Lexapro since at least 7/3/14). Medical reports identify that Lexapro helps with the overall pain and mood; and Ambien provides significant sleep and allow the patient to be productive at work the next day. Regarding Lexapro 10 mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lexapro use to date. Regarding Ambien 5 mg #30, there is no documentation of Insomnia and short-term (less than two to six weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lexapro 10 mg #60 dispensed on 10/29/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 1007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Escitalopram (LexaproÂ®) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that selective serotonin re-uptake inhibitors (SSRIs) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of major depressive disorder, as criteria necessary to support the medical necessity of Lexapro. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, status post lumbar decompression, and depression and anxiety due to chronic pain. However, despite documentation that Lexapro helps with overall pain and mood, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Lexapro use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Lexapro 10 mg #60 dispensed on 10/29/2014 is not medically necessary.

Retrospective request for Ambien 5 mg #30 dispensed on 10/29/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Zolpidem. Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS does not address this issue. ODG identifies Ambien (zolpidem) as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, status post lumbar decompression, and depression and anxiety due to chronic pain. In addition, given documentation of ongoing treatment with Ambien and that Ambien provides significant sleep and allow the patient to be productive at work the next day, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ambien use to date.

However, there is no documentation of Insomnia. In addition, given documentation of records reflecting prescription for Ambien since at least 7/3/14, there is no documentation of short-term (less than two to six weeks) treatment. Therefore, based on based on guidelines and a review of the evidence, the request for Retrospective request for Ambien 5 mg #30 dispensed on 10/29/2014 is not medically necessary.