

Case Number:	CM15-0009922		
Date Assigned:	01/27/2015	Date of Injury:	10/28/2010
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 51 year old male who sustained an industrial injury on 10/28/10. The injured worker reported symptoms in the neck and upper extremities. The diagnoses included cervical disc protrusion, cervical radiculopathy, cervical spinal stenosis, lumbago, lumbar radiculopathy, anxiety and depression. Treatments to date have included oral pain medications, topical analgesic medications and activity modifications. PR2 dated 10/15/14 noted the injured worker presents with "constant low back pain radiating to the bilateral lower extremities with numbness and tingling, 7/10..." the treating physician is requesting Fluoxetine 60mg #90 with 5 refills and Ambien 10mg #30 with 1 refill. On 12/17/14, Utilization Review non-certified a request for Fluoxetine 60mg #90 with 5 refills and Ambien 10mg #30 with 1 refill. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoxetine 60mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 141. Decision based on Non-MTUS Citation Chapter: Stress & Mental Illness Topic: Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: MTUS states "SSRIs (selective serotonin reuptake inhibitors)-Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain"ODG states "MDD (major depressive disorder) treatment, severe presentations-The American Psychiatric Association strongly recommends anti-depressant medications for severe presentations of MDD, unless electroconvulsive therapy (ECT) is being planned. (American Psychiatric Association, 2006) .Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects"The injured worker has been diagnosed with Major Depressive Disorder and Anxiety state and is continued to be treated with Fluoxetine. The request for Fluoxetine 60mg #90 with 5 refill i.e. a 6 month supply is excessive as the medication needs to be monitored for evidence of objective improvement, any new side effects etc with continued treatment.

Ambien 10mg #30 with 1 refill: 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) Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: Insomnia treatment

Decision rationale: ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults."Ambien is not indicated for long term treatment of insomnia. It is indicated only short term for a period of 7-10 days. Continued use of Ambien is not clinically indicated. Thus, the request for Ambien 10mg #30 with 1 refill is not medically necessary.