

Case Number:	CM15-0146653		
Date Assigned:	08/07/2015	Date of Injury:	02/03/2011
Decision Date:	09/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old male who sustained an industrial injury on 2-3-11. In an orthopedic progress report dated 5-18-15, the primary treating physician notes continued complaints relative to his cervical spine, left upper extremity, lower back, left lower extremity, both hands and wrists with numbness of the hands in the median nerve distribution. He also complains of pain in both knees with associated stress, anxiety, and depression. He continues having difficulty sleeping and is depressed. Diagnoses are noted as chronic cervical disc degenerative disease with intermittent radiculitis in the left upper extremity, disc degenerative disease of the lumbar spine with chronic lumbosacral sprain and left radiculitis, cervical and lumbar stenosis, probable bilateral carpal tunnel syndrome, probable osteoarthritis of both knees, stress, anxiety, and depression; pending further psychiatric treatment. Recommendation is made for epidural injections. He is awaiting assignment of a physician to administer acupuncture. Medications are Vicodin and Zanaflex. In a progress report dated 7-8-15, the treating physician notes the injured worker is seen for a psychiatry follow up and that he is compliant with medication. Diagnoses are major depressive disorder-severe and panic disorder. The treatment plan noted is to increase Zoloft to 50mg, Ambien 5mg, and discontinue Atarax. Work status is to remain off work. The requested treatment is Zoloft (Sertraline) increase to 50 mg, for a quantity of 30 and Ambien 5mg, for a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zoloft (sertraline) increase to 50mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Antidepressants for treatment of MDD (major depressive disorder); (2) Mental Illness & Stress, Sertraline (Zoloft).

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for radiating neck and radiating low back pain, bilateral hand and wrist numbness, bilateral knee pain, and stress, anxiety, and depression. When seen, he was compliant with medications. He had an ongoing depressed mood and insomnia. His Zoloft dose was increased. Ambien was prescribed. The claimant's BMI is over 41. Antidepressant medication is recommended for the treatment of major depressive disorder. Zoloft is recommended as a first-line treatment option. In this case, the claimant has a diagnosis of major depressive disorder with ongoing depressed mood. The dose requested is within that recommended and was medically necessary.

Ambien 5mg quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic Pain, Zolpidem; (2) Mental Illness & Stress, Insomnia; (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for radiating neck and radiating low back pain, bilateral hand and wrist numbness, bilateral knee pain, and stress, anxiety, and depression. When seen, he was compliant with medications. He had an ongoing depressed mood and insomnia. His Zoloft dose was increased. Ambien was prescribed. The claimant's BMI is over 41. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined although obstructive sleep apnea would be a possible and potentially treatable secondary cause of his insomnia. The request for Ambien was not medically necessary.