

Case Number:	CM15-0149431		
Date Assigned:	08/13/2015	Date of Injury:	07/22/2009
Decision Date:	09/10/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60 year old female who reported an industrial injury on 7-22-2009. Her diagnoses, and or impression, were noted to include: complex regional pain syndrome; mood disorder and neurologic complication of orthopedic surgery. No current imaging studies were noted. Her treatments were noted to include: a psychiatric agreed medical re-evaluation on 7-7-2015; and medication management. The re-evaluation notes of 7-7-2015 reported that she was frustrated and that her nerves were shot due to pain in her upper extremities that spreads from her arm up to her shoulder and collar bone; and that she was angry to have to take medication so tried to go off of it, but the pain was too much to bear. Objective findings were noted to include that she is stable on Prozac; that she is on Norco and that Prozac can interfere with the efficacy of Norco; that she is a diabetic for which weight gain is problematic, even dangerous, due to the potential for weight gain from long-term use of Prozac; and that she was expected to need at least one to two years of psychiatric medications. Pristiq was noted to be initially recommended for this reason, and the physician stated being pessimistic that Prozac would be helpful for this injured worker. The physician's requests for treatments were noted to include the continuation of Prozac for depression, and Ambien for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 10mg capsules one as needed by mouth for depression quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for Chronic Pain, 13-16.

Decision rationale: In recent psychiatric AME re-evaluation of 7/7/15, it was noted that Prozac may hinder the efficacy of Norco while potentially causing weight gain with treatment recommendation for Pristiq as the physician was pessimistic if Prozac was helpful. MTUS Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic 2009 injury without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The Prozac 10mg capsules one as needed by mouth for depression quantity 30 is not medically necessary and appropriate.

Ambien 10mg tablets one at bedtime as needed for insomnia #30: Upheld

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

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®), pages 877-878.

Decision rationale: Per the ODG, this non-benzodiazepines CNS depressant should not be used for prolonged periods of time and is the treatment of choice in very few conditions. The tolerance to hypnotic effects develops rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Submitted reports have not identified any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how the use of this sedative/hypnotic has provided any functional improvement if any from treatment rendered. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2009 injury. There is no failed trial of behavioral interventions or conservative sleep hygiene approach towards functional restoration. The Ambien 10mg tablets one at bedtime as needed for insomnia #30 is not medically necessary and appropriate.