

Case Number:	CM15-0162935		
Date Assigned:	08/31/2015	Date of Injury:	08/23/2003
Decision Date:	10/16/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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: Arizona, Michigan
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 46 year old female, who sustained an industrial injury on August 23, 2003. She reported neck pain, low back pain, bilateral shoulder and upper extremity pain, bilateral lower extremity pain, right knee pain and headaches. The injured worker was diagnosed as having myalgia, myositis, lumbago, cervical disc disease, abdominal pain, heartburn and reflux consistent with gastroduodenitis and gastroesophageal reflux disease with a history on NSAID uses, non-ulcer dyspepsia, hypertension and palpitations, irritable bowel syndrome, depression and anxiety. Treatment to date has included diagnostic studies, lumbar epidural steroid injection (LESI), right knee intra-corticosteroid injection, Botox injections, conservative care, medications and work restrictions. Currently, the injured worker continues to report neck pain, bilateral shoulder and upper extremity pain, low back pain, bilateral lower extremity pain, right knee pain and headaches. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued abdominal pain and reflux. It was noted she had continued headaches. Evaluation on January 12, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. Evaluation on March 9, 2015, revealed continued pain as noted. She rated her pain at 7 on a 1-10 scale with 10 being the worst. Medications including Trazodone and Lamictal were continued. Psychotherapy was continued. Evaluation on March 30, 2015, revealed continued pain as noted. Sleep hygiene and patterns were not noted. Evaluation on July 28, 2015, revealed pain rated at 8 on a 1-10 scale with 10 being the worst. Evaluation on July 29, 2015, revealed continued pain. There was no indication

of poor sleep and no description of continued depression and anxiety. Lamictal 100mg, Eszopiclone 1mg #120 and Trazodone 50mg were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 1mg #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia.

Decision rationale: The California (CA) MTUS Guidelines do not specifically address the issue. According to the Official Disability Guidelines (ODG), non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic agent approved for use longer than 35 days. It was not indicated in teh documents the injured worker had sleep problems. There is no documentation of insomnia and no sleep hygiene description. The ODG indicated Lunesta is recommended for insomnia however there is insufficient evidence to support the medical necessity of Lunesta. For these reasons, Eszopiclone 1mg #120 is not medically necessary.

Citalopram Hydrobromide 20mg #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress.

Decision rationale: The California (CA) MTUS Guidelines are silent on the issue, according to the Official Disability Guidelines (ODG), Citalopram Hydrobromide (Celexa) is a selective serotonin reuptake inhibitor (SSRI) anti-depressant recommended as a first line option to treat depression. It was noted the injured worker has been treated with multiple anti-depressants for an extended period. The continued use of Citalpram for her depression is clinically indicated, therefore, the request for Citalopram Hydrobromide 20mg #30 is medically necessary.

Lamictal 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation American Psychiatric Associations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the California (CA) MTUS Guidelines, Lamictal is an antiepileptic drug (AED) approved for the treatment of bipolar disorder and epilepsy. In this case, there is no indication of bipolar disorder or epilepsy. In addition, the injured worker was prescribed multiple mood stabilizers, pain medications and antidepressants. The rationale for an additional AED is not clearly documented. The addition of the AED increases the risk for drug to drug interactions. Furthermore, there was no amount indicated on the requested treatment. For these reasons, the request for Lamictal 100mg is not medically necessary.

Trazodone 50mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Section; Trazodone.

Decision rationale: The California (CA) MTUS Guidelines are silent on the issue. According to the Official Disability Guidelines (ODG), Trazodone is a sedating anti-depressant that may be used to treat insomnia in individuals with coexisting depression. It was noted the injured worker had symptoms of depression and anxiety however there was no discussion on sleep hygiene. It is unknown if the injured worker was practicing good sleep hygiene. In addition the injured worker was prescribed multiple medications from multiple practitioners and the risk of drug to drug interaction is elevated. Furthermore, there is no indication of the amount of medication requested noted on the requested treatment. The request for Trazodone 50mg is not medically necessary.