

<b>Case Number:</b>	CM15-0193714		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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:

The injured worker is a 60 year old female who sustained an industrial injury on 5-7-2010. A review of medical records indicates the injured worker is being treated for major depressive disorder and panic disorder with agoraphobia. Medical records dated 7-7-2015 noted anxiety, tension, and irritability remains the same, depression remained the same, insomnia remained the same, occasional crying episodes, and occasional feeling that life is not worth living. Other notes noted suicidal ideation is rare, memory and concentration was impaired. Appetite was low and weight had increased. There were panic attacks with agoraphobia. Energy level was described as none, social ability was low. Sexuality was low due to pain and lack of interest. Denied auditory or visual hallucinations and denied danger to self or others. Treatment has included Ativan and Ambien since at least 12-19-2014 and Prozac since at least 3-20-2015. Other treatment included 12 visits of physical therapy. Utilization review form dated 9-4-2015 modified Ativan 2mg #60, Ambien 10mg #15, and Prozac 20mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg at bedtime #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 (ODG), Pain Chapter, Zolpidem (Ambien).

**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) Chapter, under Zolpidem.

**Decision rationale:** The patient presents with right knee pain, and depression and anxiety. The request is for Ambien 10mg at bedtime #30. Patient is status post right ankle and right elbow surgeries, dates unspecified, and right knee surgery, 03/04/15. Per 08/13/15 Request for Authorization form, patient's diagnosis includes major depressive disorder; based on 03/12/15 progress report, patient is diagnosed with status post right knee medial patellofemoral ligament reconstruction, degenerative joint disease tricompartmental about the right knee, obesity, and chronic pain. Patient's medications, per 08/04/15 progress report include Ativan, Ambien, and Prozac. Per 03/12/15 progress report, patient is temporarily totally disabled for 6 weeks. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. 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. (Feinberg, 2008)" Treater has not discussed this request. Review of the medical records provided indicates that the patient has been utilizing Ambien since at least 12/19/14. ODG recommends Ambien for short-term (7-10 days) treatment of insomnia, due to negative side effect profile. The current request for 30 tablets, in addition to prior use does not indicate short term use. The request is not medically necessary.

**Prozac 20mg every morning twice a day #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SSRIs (selective serotonin reuptake inhibitors). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants for treatment of MDD (major depressive disorder).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** The patient presents with right knee pain, and depression and anxiety. The request is for Prozac 20mg every morning twice a day #45. Patient is status post right ankle and right elbow surgeries, dates unspecified, and right knee surgery, 03/04/15. Per 08/13/15 Request for Authorization form, patient's diagnosis includes major depressive disorder; based on 03/12/15 progress report, patient is diagnosed with status post right knee medial patellofemoral ligament reconstruction, degenerative joint disease tricompartmental about the right knee, obesity, and chronic pain. Patient's medications, per 08/04/15 progress report include Ativan, Ambien, and Prozac. Per 03/12/15 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for Chronic Pain section, page 13-15, has the following: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain... Selective Serotonin reuptake

inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004)" In progress report dated 07/07/15, the treater states that the patient does not like Wellbutrin but Prozac works well. A prescription for Prozac was first noted in 03/20/15 progress report, and then from 07/07/15 through 09/01/15. In this case, the treater has not discussed the efficacy of this medication in terms of functional improvement. MTUS p60 states: "A record of pain and function with the medication should be recorded." This request is not in accordance with guideline recommendations and therefore, is not medically necessary.

**Ativan 2mg twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

**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) Chapter, under Benzodiazepine.

**Decision rationale:** The patient presents with right knee pain, and depression and anxiety. The request is for Ativan 2mg twice a day #60. Patient is status post right ankle and right elbow surgeries, dates unspecified, and right knee surgery, 03/04/15. Per 08/13/15 Request for Authorization form, patient's diagnosis includes major depressive disorder; based on 03/12/15 progress report, patient is diagnosed with status post right knee medial patellofemoral ligament reconstruction, degenerative joint disease tricompartmental about the right knee, obesity, and chronic pain. Patient's medications, per 08/04/15 progress report include Ativan, Ambien, and Prozac. Per 03/12/15 progress report, patient is temporarily totally disabled for 6 weeks. ODG guidelines, chapter "Pain (chronic)" and topic "Benzodiazepine", have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The treater has not discussed this request. A prescription for Ativan was first noted in progress report dated 12/19/14 and it appears that the patient has been utilizing this medication at least since then. The treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Furthermore, ODG guidelines recommend against the use of Ativan for more than 4 weeks. The request, in addition to prior use exceeds guideline recommendations. This request is not medically necessary.