

<b>Case Number:</b>	CM15-0194739		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/23/1999
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Texas, New York, California  
 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, sleep disturbance, fibromyalgia, diabetes, and hypertension reportedly associated with an industrial injury of July 23, 1999. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Ambien, Lexapro, and diclofenac, apparently prescribed on or around August 31, 2015. The applicant's attorney subsequently appealed. On said August 31, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain, reportedly worsening over time. Negotiating stairs and standing remained problematic, the treating provider reported. The applicant was using a spinal cord stimulator, it was reported. The applicant was using a variety of medications to include Ambien, Lexapro, topical diclofenac, Neurontin, OxyContin, Advair, albuterol, glyburide, Janumet, Lantus, Zestril, Percocet, albuterol, Robaxin, Zocor, Singulair, and topical nystatin. The applicant reported symptoms of depression and sleep disturbance, it was stated in one section of the note. OxyContin, Ambien, Lexapro, diclofenac cream, and Neurontin were all renewed. The applicant was placed off of work, on total temporary disability. The treating provider contended that the applicant could not work in any capacity. Little-to-no seeming discussion of medication efficacy transpired. The applicant was considering spine surgery, it was reported. On August 6, 2015, the applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ambien, 10mg tablets #30 with 3 refills, date of service: 08/31/15:**  
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 (Online Version) Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Zolpidem (Ambien) and Other Medical Treatment Guidelines U.S. Food and Drug Administration, Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

**Decision rationale:** No, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, thus, the renewal request for 30 tablets of Ambien with 3 refills, thus, in effect, represented treatment which ran counter to the FDA label and also ran counter to ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise stipulates that Ambien is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.

**Retrospective request for Lexapro, 20mg #30 with 3 refills, date of service: 08/31/15:**  
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): Mental Illness & Stress (Online Version) Escitalopram (Lexapro).

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

**Decision rationale:** Similarly, the request for Lexapro, an SSRI antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes weeks for antidepressants such as Lexapro to exert their maximal effect, here, however, the applicant had seemingly been using Lexapro for a minimum of several months prior to the date of the request, August 31, 2015. Said August 31, 2015 office visit stated that the applicant continued to report issues with depression with derivative complaints of sleep disturbance, despite ongoing usage of Lexapro. While the attending provider did state that Lexapro was beneficial in terms of

augmenting the applicant's mood, this was neither elaborated nor expounded upon. The attending provider failed to outline specific improvements in mood and/or function achieved as a result of ongoing Lexapro usage. The applicant remained off of work, on total temporary disability, it was reported on August 31, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**Retrospective request for Diclofenac Sodium 1.5% 60gram cream #1, date of service: 08/31/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version) Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Finally, the request for a diclofenac-containing topical cream was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator, per the August 31, 2015 office visit at issue, was the lumbar spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the attending provider failed to furnish a clear or compelling rationale for selection of topical diclofenac for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include OxyContin and Neurontin, furthermore, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical agent at issue. Therefore, the request is not medically necessary.