

Case Number:	CM15-0194953		
Date Assigned:	10/08/2015	Date of Injury:	10/06/2010
Decision Date:	11/23/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 6, 2010. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Ambien and amitriptyline (Elavil). Norco and a followup visit, conversely, were approved. A September 1, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said September 1, 2015 office visit, the applicant reported ongoing issues with neck pain, upper extremity paresthesias, anxiety, muscle spasms, shoulder pain, insomnia, and bruxism. The applicant reported difficulty performing activities of daily living to include walking, self care, personal hygiene, and sleeping. 4/10 pain without medications versus 1/10 pain with medications was reported. The attending provider contended, in another section of the note, that ongoing medication consumption was ameliorating his ability to brush his teeth, comb, and wash his hair, dress himself, and shop in unspecified amounts. The applicant was given refills of Elavil, Ambien, and Norco, it was reported. The attending provider seemingly suggested (but not clearly stated) that Elavil was being employed for sedative effect purposes. It was suggested in one section of note that the applicant was working. The note was some 7-pages long and was difficult to follow. On a September 2, 2015 office visit, it was stated that the applicant was working status post earlier cervical spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 10th Edition, Treatment Index, Drug Formulary (updated 4/30/15) 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 sedative agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding the usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, the 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 1 refill, thus, represented treatment both in the excess of the FDA label and also in excess of ODG's Mental Illness and Stress Chapter Zolpidem topic, which likewise notes that Ambien is not recommended for short-term use purposes but, rather, should be reserved for short-term use purposes. Therefore, the request is not medically necessary.

Amitriptyline 25mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Amitriptyline.

Decision rationale: Similarly, the request for amitriptyline (Elavil), a tricyclic antidepressant, was not medically necessary, medically appropriate, or indicated here. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that amitriptyline and Elavil is recommended in the chronic pain context present here and while the MTUS Guideline in ACOEM Chapter 15, page 402 also notes that antidepressants such as amitriptyline (Elavil) may be helpful in alleviating symptoms of depression, both recommendations are, however, qualified by commentary made on page 7 of MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of

recommendations. Here, however, the attending provider's September 1, 2015 progress note was some 7 pages long, was, at times, internally inconsistent, did not establish that the applicant had profited with ongoing amitriptyline (Elavil) usage. While the attending provider suggested that the applicant was using amitriptyline (Elavil) for insomnia, portions of the attending provider's September 1, 2015 progress note suggested that the applicant's complaint of insomnia were, if anything, worsened since preceding office visits. The applicant continued to report insomnia, muscle spasms, and anxiety on September 1, 2015, despite ongoing amitriptyline (Elavil) usage. It did appear that ongoing usage of amitriptyline had proven particularly beneficial in ameliorating issues with sleep disturbance, i.e., the purpose for which amitriptyline was seemingly prescribed, per the September 1, 2015 office visit at issue. Therefore, the request is not medically necessary.