

Case Number:	CM15-0202094		
Date Assigned:	10/19/2015	Date of Injury:	05/21/2012
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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, California
 Certification(s)/Specialty: Family Practice

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 41-year-old female, who sustained an industrial-work injury on 5-21-12. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy and lumbar annular tear. Medical records dated 9-16-15 indicate that the injured worker complains of neck pain that radiates down the left upper extremity with numbness, tingling, headaches and muscle spasms. The pains increased with activity. There is also a complaint of low back pain that radiates to the bilateral lower extremities (BLE) aggravated by activities and with difficulty sleeping. The physician notes insomnia related to ongoing pain with the total time awakening at night (wake time) after sleep onset is 3 hours. The medical records indicate ongoing limitations with activities of daily living (ADL). Per the treating physician, report dated 9-16-15 the injured worker has not returned to work. The physical exam reveals cervical spasm, tenderness, limited range of motion due to pain, and decreased sensation in the left upper extremity. There is lumbar spasm, tenderness, decreased range of motion with pain and straight leg raise in seated position is positive on the right for radicular pain. The physician indicates Toradol injection was given for increased acute pain. He also indicates that the injured worker "has had limited response to other anti-depressants for the chronic pain." Treatment to date has included pain medication, Naproxen, capsaicin cream, Tizanidine, Gabapentin, Duloxetine since at least 4-17-15 and Zolpidem since at least 9-16-15, physical therapy and other modalities. The treating physician indicates that the urine drug test result dated 9-16-15 was inconsistent with the medication prescribed. The request for authorization date was 9-28-15 and requested services included

Zolpidem 10 mg Qty 30, every night and Duloxetine DR 60 mg Qty 60, 2 times daily. The original Utilization review dated 10-5-15 non-certified the request for Zolpidem 10 mg Qty 30. The request for Duloxetine DR 60 mg Qty 60, 2 times daily was modified to Duloxetine DR 60 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg Qty 30, every night: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pani chapter/insomnia and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the etiology of sleep disturbance was not defined or further evaluated. Failure of behavioral interventions was not noted. Continued use of Zolpidem(Ambien) with 30 days' supply is not medically necessary.

Duloxetine DR 60 mg Qty 60, 2 times daily: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 116.

Decision rationale: According to the guidelines, SSRIs such as Duloxetine may be used for major depression. The claimant was assessed and determined to have depression. The claimant was also referred to a psychologist. The Duloxetine was also to some extent helping the claimant with neuropathic pain. The continued use is medically necessary.