

Case Number:	CM15-0207840		
Date Assigned:	10/26/2015	Date of Injury:	08/05/2013
Decision Date:	12/08/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female who sustained an industrial injury on 8-5-13. Per the 4-22-15 note she has been off work. The medical records indicate that the injured worker was being treated for strain of muscle of the forearm; injury to the radial and nerves; complex regional pain syndrome, type 11, upper limb; peripheral neuropathy; other wrist sprain; ganglion versus synovial cyst-wrist. She currently (8-12-15) complains of constant pain in the left wrist and forearm with tingling with a pain level of 6-7 out of 10. Pain levels were consistent from 1-28-15 through 8-12-15. She has sleep difficulties due to pain. The physical exam revealed mild swelling of the upper extremity, forearm, wrist and hand but improved since her first exam per documentation (8-12-15). There was tenderness on palpation of the left wrist with persistent allodynia along the radial aspect of the wrist and D1-3 with dyesthetic sensation with light touch. There was a positive Tinel's sign to the left radial nerve and at the medial elbow. Physical exams were unchanged from 1-28-15 through 8-12-15. Diagnostics include MRI of the left hand (9-3-13) showing ganglion from the volar aspect of the radiocarpal joint. Treatments to date include medications: Butran's patch, Percocet, Lyrica, Flector patch, Valium, Lidoderm patch, Celexa (since at least 9-24-14), Ambien (since at least 7-15-15); ice; brace; steroid injections left carpal tunnel and left distal forearm (2-19-14). The request for authorization was not present. On 9-28-15 Utilization Review non-certified the requests for Celexa 40mg #30 with 3 refills; Ambien 12.5mg with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 40mg 1 by mouth daily #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation <http://www.drugs.com/monograph/celexa.html>.

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

Decision rationale: The claimant sustained a work injury in August 2013 when her left arm was pulled into a counting machine. She continues to be treated for left upper extremity pain. Celexa was prescribed in December 2014. An MRI of the left wrist in July 2015 included findings of a ganglion cyst. When seen, she was having left wrist and forearm pain rated at 6-7/10 with radial and forearm tingling. She was having less radial electrical shooting sensations. She was having difficulty sleeping due to wrist pain. Physical examination findings included appearing depressed, tearful, and emotional. There was moderate diffuse wrist swelling with moderately restricted range of motion. There were findings consistent with a diagnosis of CRPS. Strength testing was limited by pain. A psychological consultation for 6 sessions of cognitive behavioral therapy was requested. Medications were continued. Antidepressant medication is recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Celexa (citalopram) is a selective serotonin reuptake inhibitor (SSRI) which is a class of antidepressant that inhibits serotonin reuptake without action on noradrenaline. The main role of an SSRI may be in addressing psychological symptoms associated with chronic pain. In this case, the claimant has both neuropathic pain and depression. The requested dosing is within guideline recommendations and is medically necessary.

Ambien 12.5mg 1 by mouth at bedtime with 3 refills: 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, 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) (1) Chronic Pain, Zolpidem (2) Mental Illness & Stress, Insomnia (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work injury in August 2013 when her left arm was pulled into a counting machine. She continues to be treated for left upper extremity pain. Celexa was prescribed in December 2014. An MRI of the left wrist in July 2015 included findings of a ganglion cyst. When seen, she was having left wrist and forearm pain rated at 6-7/10 with radial and forearm tingling. She was having less radial electrical shooting sensations. She was having difficulty sleeping due to wrist pain. Physical examination findings included appearing depressed, tearful, and emotional. There was moderate diffuse wrist swelling with

moderately restricted range of motion. There were findings consistent with a diagnosis of CRPS. Strength testing was limited by pain. A psychological consultation for 6 sessions of cognitive behavioral therapy was requested. Medications were continued. Ambien (zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has difficulty sleeping due to pain. She also has symptoms of depression. Further primary treatment of these conditions would be expected. The requested Ambien is not medically necessary.