

Case Number:	CM15-0222636		
Date Assigned:	11/18/2015	Date of Injury:	07/18/2012
Decision Date:	12/30/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/12/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60-year-old male, who sustained an industrial injury on July 18, 2012. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having unspecified internal derangement of the left knee. Treatment to date has included diagnostic studies, surgery, and medication. On October 22, 2015, the injured worker complained of worsening, constant left knee pain. The severity level was "moderate to severe." Associated symptoms included decreased mobility, joint instability, joint tenderness, limping, numbness, popping, swelling, and weakness. The treatment plan included refills of medications and adding Celexa 20mg. A request was made for zolpidem ER, Norco, and Citalopram. On November 12, 2015, Utilization Review modified a request for zolpidem ER 12.5mg #30 to zolpidem ER 12.5mg #15, Norco 5-325mg #90 to Norco 5-325mg #45, and Citalopram 20mg #30 with 2 refills to Citalopram 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem ER 12.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), Zolpidem (Ambien®).

Decision rationale: The CA MTUS does not address zolpidem, but according to the ODG cited, zolpidem is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. The injured worker has chronic pain, depressive symptoms, difficulty initiating sleep, and nocturnal awakening due to pain. However, the clinical rationale and efficacy is not provided for the injured worker's long-term use of zolpidem. Although the injured worker may have short-term gain from the use of zolpidem, based on concern of prolonged use according to the cited guidelines, zolpidem ER 12.5 mg #30 is not medically necessary and appropriate.

Norco 5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, for neuropathic pain that has not responded to first-line medications, and for moderate to severe nociceptive pain (standard of care). The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records have not included documentation of the pain with and without medication on the visual analog scale, no significant adverse effects, pain contract on file, objective functional improvement, performance of necessary activities of daily living, and other first-line pain medications. He has had urine drug testing documented. In total, the records do not indicate that he has had significant pain score reduction and sustained functional. The injured worker should continue appropriate follow up and the weaning of opioids should be initiated as indicated by the treatment guidelines. Therefore, the request for Norco 5/325 mg #90 is not medically necessary and appropriate for ongoing pain management.

Citalopram 20 mg #30 times 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per the MTUS guidelines cited, SSRIs (selective serotonin reuptake inhibitors), such as citalopram, are not recommended for treatment of chronic pain, but they may have a role in treating secondary depression. The role of SSRIs may be in addressing the psychological symptoms associated with chronic pain. The injured worker's industrial injury has been long-standing, with chronic pain, and significant difficulty with ambulation. It would be reasonable to expect that since his injury in 2012, that he may benefit from a SSRI to treat depressive symptoms due to his injury. Although ideally, citalopram would be trialed without any refills to ensure follow up and efficacy, the injured worker would appear to benefit from citalopram now, and has had consistent routine follow up to date. Therefore, the request for citalopram 20 mg #30 times 2 refills is medically necessary and appropriate.