

<b>Case Number:</b>	CM15-0030058		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 46-year-old male who sustained a work related injury on November 11, 2009 after falling from a ladder with extensive injuries. He incurred fractures of both legs, and a crushed pelvis. Treatment included physical therapy, surgery and medications. He was diagnosed with bilateral calcaneus fractures, pelvic crush injury and trauma and bilateral renal stones from frequent prostatitis. Currently, the injured worker presented with increased severe low back pain, low self-esteem and enuresis. He was diagnosed with severe depression, cognitive disorder and chronic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) therapy. Treatment included medications and psychotherapy. On January 22, 2015, a request for a prescription for Ambien 10 mg; Zoloft 100 mg; Buspirone 10 mg; Protonix 40 mg; and individual psychotherapy was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and/or the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Physician's Desk Reference.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

**Decision rationale:** According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduling IV controlled substance, which means they have potential for abuse and dependency". Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patients sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg is not medically necessary.

**Zoloft 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>).

**Decision rationale:** Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed. (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic is recommended over selective serotonin reuptake inhibitors." Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for a longtime without clear documentation of efficacy. In addition, there is no recent documentation that the patient is suffering from depression. There is no clear rationale for

using Zoloft rather a tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Zoloft 100mg is not medically necessary.

**Buspirone 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mazhar, M., T. Hassan and T. Munshi (2013). "Treatment of anxiety disorders and comorbid alcohol abuse with buspirone in a patient with antidepressant-induced platelet dysfunction: a case report." *Case Rep Psychiatry* 2013: 572630.

**Decision rationale:** According to Mazhar paper, Buspirone is recommended in case of anxiety. There is no recent documentation that the patient is suffering from ongoing anxiety. Therefore, the request is not medically necessary.

**Protonix 40mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to Mazhar paper, Buspirone is recommended in case of anxiety. There is no recent documentation that the patient is suffering from ongoing anxiety. Therefore, the request is not medically necessary.

**Individual Psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**Decision rationale:** According to ODG guidelines, psychotherapy is recommended. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The prescription of psychotherapy is not necessary without documentation of pain and functional

benefit. As per ODG guidelines, it is recommended to start with 6 sessions and monitor the patients' improvement for the need of more sessions. In this case, there is no documentation on the number of previous and requested psychotherapy sessions. Therefore, the request for individual Psychological Therapy Sessions is not medically necessary.