MAXIMUS Federal Services

Case Number:	CM15-0031903		
Date Assigned:	02/25/2015	Date of Injury:	06/18/2009
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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 York, Tennessee
Certification(s)/Specialty: Emergency 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 44-year-old male, who sustained an industrial injury on June 18, 2009. The diagnoses have included cervical discogenic pain, rule out left cervical facet pain C2-3, C4-5, C5-6 possible cervical sprain/strain, resolved left cervical radicular pain with residual tingling, numbness left ring and little finger, cervicolgenic neck pain with cervicolgenic headache, possible lumbar discogenic pain, bilateral feet pain, and left shoulder pain and impingement. Treatment to date has included magnetic resonance imaging of cervical spine, computed tomography scan of cervical spine, steroids, oral pain medications, anti-inflammatories, acute detox program, psychotropic medications, dorsal column stimulator trial, electromyogram and nerve conduction study of lower extremities, cervical fusion of C5-6, chiropractic care, physical therapy, Magnetic resonance imaging of lumbar spine, steroid injections to the left shoulder and nerve block. Currently, the injured worker complains of neck pain radiating to left shoulder blade, mid back and on and off headaches and low back pain. In a progress note dated January 26, 2015, the treating provider reports examination of the cervical spine reveals tenderness to palpation, and left shoulder has tenderness and limited range of motion. On February 19, 2015 Utilization Review non-certified a trazodone 100mg quantity 30, Ambien CR 12.5mg quantity 15, evaluation with a sleep medicine specialist quantity 1 and check patients vitamin D level quantity 1, noting, American College of Occupational and Environmental Medicine, Official Disability Guidelines and http://ncbi.nim.nih.gov/pubmed/21917672 was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100 mg, thirty count: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Insomnia Treatment.

Decision rationale: Trazodone is a tetracyclic antidepressant usually prescribed for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. Insomnia treatment should be based on etiology. Most medications have only been evaluated for short-term use (less than 4 weeks). 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. Sedating antidepressants are often used to treat insomnia; however, there is less evidence to support their use for insomnia. They may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Negative next-day effects such as ease of awakening may offset improvements in sleep onset. Tolerance may develop and rebound insomnia has been found after discontinuation. In addition, the patient has been taking ambien for sleep with little benefit. Medical necessity has not been established. The request should not be authorized.

Ambien CR 12.5 mg, 15 count: 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Zolpidem.

Decision rationale: Ambien is the medication zolpidem. Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved

when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case the patient has been taking ambien since at least July 2014. In this case the patient has been receiving since at least and has not obtained analgesia. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request should not be authorized.

Evaluation with a sleep medicine specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Polysomnography.

Decision rationale: Polysomnography/sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnograms/sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case there is no documentation that the patient is experiencing any of the above mentioned symptoms of sleep disorder. Referral to sleep specialist is not indicated. The request should not be authorized.

Check patient's vitamin D level: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/21917672.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Vitamin D deficiency in adults: Definition, clinical manifestations, and treatment.

Decision rationale: Vitamin D levels are indicated when there is suspicion of vitamin D deficiency. The clinical manifestations of vitamin D deficiency depend upon the severity and duration of the deficiency. The majority of patients with moderate to mild vitamin D deficiency (serum 25[OH]D between 15 and 20 ng/mL [37.5 and 50 nmol/L]) are asymptomatic. With

prolonged, severe vitamin D deficiency there is reduced intestinal absorption of calcium and phosphorus and hypocalcemia occurs, causing secondary hyperparathyroidism, which leads to phosphaturia, demineralization of bones and, when prolonged, to osteomalacia in adults. In this case, the patient has no symptoms of Vitamin D deficiency. There is no medical indication for measuring the Vitamin D level. The request should not be authorized.