

<b>Case Number:</b>	CM15-0052590		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 51 year old male who sustained a work related injury on October 28, 2010, incurring back injuries lifting heavy weights. He was diagnosed with cervical spinal stenosis and radiculitis, thoracic and lumbosacral neuritis, and cervical disc disease. Treatment included ice, chiropractic manipulation, physical therapy, massage, pain medications and pain management. Currently, the injured worker complained of constant neck, low back pain with numbness and tingling in the upper extremities and anxiety. The treatment plan that was requested for authorization included prescriptions for Ambien and Fluoxetine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ambien 10 mg as needed #30 with 2 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 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 eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long term use to treat sleep problems. There no documentation characterizing the type of sleep issues in this case. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient sleep issue if there is any. Therefore, the prescription of Ambien 10mg #30, with 2 refills is not medically necessary.

**Fluoxetine 60 mg one in the AM #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors page 107.

**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>.

**Decision rationale:** According to ODG guidelines, Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Fluoxetine is not a tricyclic antidepressant but a Selective serotonin reuptake inhibitor has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. There is no documentation that the patient failed tricyclic drugs or efficacy of previous use of Fluoxetine. Therefore, the request for Fluoxetine 60mg #30, with 5 refills is not medically necessary.