

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0055818 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 06/16/2005 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/05/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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

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 61 year old female, who sustained an industrial injury on 06/16/2005. She reported that a pallet of toys fell on her and hit her head, neck and back. Diagnoses include sciatica, derangement of the knee, current tear of lateral cartilage and/or meniscus of knee, displacement of lumbar intervertebral disc without myelopathy, cervical post-laminectomy syndrome, acute meniscal tear medial, diffuse cervicobrachial syndrome and current tear of medial cartilage and/or meniscus of knee. Treatment to date has included MRI, medications and lumbar epidural steroid injection. According to a progress report dated 01/22/2015, the injured worker had constant pain in the lower back radiating down both buttocks and pain and swelling of the right knee. According to a progress report dated 02/23/2015, medication regimen included Norco, Methadone and Cymbalta. Currently under review is the request for retro Zolpidem and Fluoxetine (unknown date of service).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Zolpidem Tartrate 10mg #30 (Unknown DOS): 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) Online Edition, Pain (Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for zolpidem (Ambien), California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, no discussion regarding what behavioral treatments have been attempted, and no statement indicating how the patient has responded to Ambien treatment. Furthermore, there is no indication that Ambien is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem (Ambien) is not medically necessary.

Retro Fluoxetine 20mg #30 (Unknown DOS): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-6, 402, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 and 107 of 127.

Decision rationale: Regarding the request for fluoxetine, Chronic Pain Medical Treatment Guidelines state that it has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is no evidence of any recent mental status examinations and there is no recent indication of efficacy of the medication as evidenced by functional improvement. Antidepressants should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of clarity regarding those issues, the currently requested fluoxetine is not medically necessary.