

Case Number:	CM15-0056028		
Date Assigned:	04/01/2015	Date of Injury:	11/27/2002
Decision Date:	05/29/2015	UR Denial Date:	03/02/2015
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

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 53 year old female who sustained an industrial injury on 11/27/02. The diagnoses have included degeneration of cervical intervertebral disc, post laminectomy syndrome of cervical region, cervical radiculitis, cervical disc displacement, depression and insomnia. Treatment to date has included medications, diagnostics, surgery, activity modifications, physical therapy, home exercise program (HEP). The diagnostic testing that was performed included x-rays, Magnetic Resonance Imaging (MRI), electromyography (EMG)/nerve conduction velocity studies (NCV), bone scan and computerized axial tomography (CT scan) scan. The current medications included Oxycodone IR, Percocet, Soma, Ambien and Zoloft. Currently, as per the physician progress note dated 2/11/15, the injured worker complains of pain in the neck and left shoulder which is described as dull, aching and stabbing and radiates to left shoulder and ram. There was paresthesia in the hand, numbness in the arm with weakness noted. The pain level was rated 7-8/10 on pain scale which is unchanged. She also reports headaches, insomnia, and withdrawal from others. She denies having any suicidal ideations. The objective findings revealed trigger points in the cervical spine and left trapezius, tenderness, restricted cervical range of motion, diminished upper extremity sensation to light touch. Treatment plan was to continue with medications. The physician requested treatments included Retrospective request for Zoloft 100mg #60 and Retrospective request for Ambien CR 6.25mg #30 (DOS: 2/11/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Zoloft 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant medications Page(s): s 13-15.

Decision rationale: The patient was injured on 11/27/02 and presents with neck pain and left shoulder pain. The request is for RETROSPECTIVE ZOLOFT 100 MG #60. The RFA is dated 03/20/15 and the patient is permanent and stationary. The patient has been taking this medication since 03/12/14. MTUS guidelines page 13 to 15 under Antidepressants states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated." Assessments 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. The patient's pain radiates to her left shoulder and left arm. Paresthesia, numbness, and weakness are noted in the arm. The patient is diagnosed with degeneration of cervical intervertebral disc, post laminectomy syndrome of cervical region, cervical radiculitis, cervical disc displacement, depression, and insomnia. Regarding Zoloft, the requesting provider has not provided adequate documentation of efficacy to continue use. Progress reports indicate that this patient has been receiving Zoloft since at least 03/12/14. The subsequent progress reports do not provide any documentation of psychological improvement or pain reduction attributed to this medication. Without documentation of efficacy specifically attributed to this medication or a more thorough psychological assessment, continuation of this medication cannot be substantiated. The requested Zoloft IS NOT medically necessary.

Retrospective request for Ambien CR 6.25mg #30 (DOS: 2/11/5): 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, Zolpidem.

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

Decision rationale: This patient complains of pain in the neck and left shoulder. The Request for Authorization is dated 02/20/15. The current request is for RETROSPECTIVE REQUEST FOR AMBIEN CR 6.25MG #30 (DOS 02/11/15). MTUS Guidelines do not specifically address Ambien, though ODG-TWC, Pain Chapter, Zolpidem -Ambien- Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term 7-10 days 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."According to progress dated 2/11/15, the patient reported continued pain in the neck and left shoulder which is described as dull, aching and stabbing and radiates to left shoulder and ram. There was paresthesia in the hand, numbness in the arm with weakness noted. She also reported headaches, insomnia, and withdrawal from others. Examination revealed trigger points in the cervical spine and left trapezius, tenderness, restricted cervical range of motion, diminished upper extremity sensation to light touch. The treating physician recommended refill of medications including Ambien. The patient has a history of insomnia and Ambien has been prescribed since 07/29/14. ODG does not support the use of this medication for longer than 7-10 days, the requested 30 tablets in addition to previous use does not imply an intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.