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| Case Number: | CM15-0083453 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 01/20/2001 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/15/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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: Internal 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 64 year old female injured worker suffered an industrial injury on 01/20/2001. The diagnoses included lumbosacral sprain/strain, lumbalgia intervertebral disc without myelopathy, lumbosacral or thoracic neuritis. The injured worker had been treated with medications. The treatment plan included Zolpidem and Fluoxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 mg Qty 45 (1 -1.5 tab every night): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is

approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. Medical records indicate long-term use of Zolpidem (Ambien). ODG guidelines states that Zolpidem (Ambien) should be used for only a short period of time. The long-term use of Zolpidem (Ambien) is not supported by ODG guidelines. Therefore, the request for Zolpidem (Ambien) is not medically necessary.

Fluoxetine 40 mg Qty 30 (1 tab every day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page 13-16.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The primary treating physician's progress report dated 4/9/15 documented the diagnoses of lumbosacral neuritis / radiculitis, lumbosacral sprain and strain, lumbalgia, and lumbar intervertebral disc disorder. The 4/9/15 progress report did not document a physical examination. The 3/12/15 progress report did not document a physical examination. Without a documented physical examination, the request for Fluoxetine (Prozac) is not supported. Therefore, the request for Fluoxetine (Prozac) is not medically necessary.