

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0036249 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 04/27/2007 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 10/09/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64-year-old male who sustained a work-related injury on 04/27/2007. The patient's diagnoses included dyspepsia, irritable bowel syndrome, hypertension, diabetes type II, headaches, erectile dysfunction, sleep disorder, a psychiatric diagnosis that was deferred to the treatment physician and an orthopedic diagnosis deferred to the treating physician. The patient's Mental Status Examination revealed that the patient still had underlying tones of anger, continued to be preoccupied with the manner in which he was harassed and treated and how he was forced into retirement. The patient denied any thoughts of hurting himself or others or perceptual disturbances. The treatment plan indicated that the patient would be continued on Celexa 40 mg and Ambien 10 mg as the patient reported continued benefit from the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines state that zolpidem is a "short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia." The clinical provided indicated that the patient has been utilizing zolpidem since at least 02/2013. There is no indication that the patient has attempted and failed the use of proper sleep hygiene. Given the lack of recommendation of a long-term use of the requested medication and the documentation received for this review, the request is not supported. As such, the request for 1 prescription of zolpidem 10 mg #30 is non-certified.

Citalopram 40mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: The Physician Reviewer's decision rationale: The Official Disability Guidelines state that "SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression." The clinical provided indicated that the patient was being treated with the requested medication for depression, not chronic pain. The documentation also indicated that the patient continued to receive benefit from the use of the requested medication. As such, the request for 1 prescription of citalopram 40 mg #30 is certified.