

Case Number:	CM14-0114832		
Date Assigned:	09/23/2014	Date of Injury:	12/23/2006
Decision Date:	10/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

Patient is a 49-year-old female who has submitted a claim for Post-laminectomy syndrome, cervical discogenic pain, chronic pain syndrome, and severe depression associated with an industrial injury date of 12/23/06. Medical records from 2008 to 2014 were reviewed and showed chronic back pain, described as burning. Patient uses Ambien nightly to promote sleep which helps with pain control. Patient likewise uses positive attitude to deal with pain. Physical examination from latest progress notes dated 07/10/2014 showed that patient ambulates with antalgic gait due to pain. There was functional range of motion and strength of lower extremity with equal sensation to touch. The back had limited range of motion in all directions with tenderness in spinous process of the cervical to lumbar region. Treatment to date has included cervical fusion surgery (2008), lumbar fusion surgery (2010), physical therapy, HEP, and medications: Methadone since April 2013, Gabapentin, Ambien (since April 2013), and Cymbalta (since November 2013). Utilization review date of 06/19/2014 modified the request for Ambien 10mg #30 to Ambien 10mg #15 since MTUS do not support chronic use of Ambien hence weaning is indicated. The request to continue Cymbalta as prior prescribed was denied since Cymbalta for PRN use is not indicated and it was not clear whether a prescription of Cymbalta was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. As stated on ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use since such medications can be habit forming and they can impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient was prescribed Ambien to address insomnia due to pain. However, records showed that the patient was on Ambien since April 2013 which is beyond what the guidelines suggested. Moreover, the patient was also diagnosed with severe depression and is taking Cymbalta PRN. Ambien may increase depression over time. Therefore, the request for Ambien 10mg #30 is not medically necessary.

Continue Cymbalta as Prior Prescribed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy est.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient has been taking Cymbalta since November 2013. Medical records provided did not include recent psychiatric evaluation or subjective complaints regarding patient's mood. Moreover, the request was to continue Cymbalta as prescribed, making it unclear whether a new prescription is being requested. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request to continue Cymbalta as prescribed is not medically necessary.