

Case Number:	CM14-0170313		
Date Assigned:	10/20/2014	Date of Injury:	06/27/2011
Decision Date:	11/20/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 54 year old with an injury date on 6/27/11. Patient complains of increasing lumbar pain which radiates down her bilateral lower extremities per 8/21/14 report. Patient rates her back/leg complaints (which include right leg numbness to the heel) at 9/10 on the VAS scale and also reports pain/numbness rated 9/10 in her bilateral shoulders, and bilateral hands/fingers per 7/31/14 report. Based on the 8/21/14 progress report provided by [REDACTED] the diagnoses are: 1. degenerative disc disease with retrolisthesis at L2-32. L4-5 moderate canal stenosis3. lumbar radiculopathy4. facet arthropathy5. chronic pain syndromeExam on 8/21/14 showed "limited range of motion of L-spine worse with extension, positive straight leg raise on the right side." Patient's treatment history includes epidural steroid injection to L-spine with 10% relief, 24 visits of acupuncture with no relief, 24 visits of chiropractic treatment with no relief. [REDACTED] is requesting one prescription of escitalopram 10mg #90, one prescription of alprazolam 1mg #60, one prescription of Temazepam 30mg #30, and one prescription of Sentra PM #60. The utilization review determination being challenged is dated 9/20/14. [REDACTED] [REDACTED] is the requesting provider, and he provided treatment reports from 1/21/14 to 9/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Escitalopram 10 mg # 90: 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) Antidepressants for chronic pain, under Pain (Chronic) chapter

Decision rationale: This patient presents with back pain, and bilateral leg pain. The treater has asked for one prescription of escitalopram 10mg #90 on 8/21/14. The patient has no history of taking lexapro. Regarding antidepressants for chronic pain, ODG recommends as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Escitalopram (Lexapro, no generic available) is an SSRI that is also approved for major depressive disorder. In this case, the patient does not have a confirmed diagnosis of depression and anxiety. The treater does not discuss depressive or anxiety symptoms. The requested lexapro 10mg #30 is not indicated at this time. Recommendation is for denial.

One prescription of Alprazolam 1 mg # 60: Upheld

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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with back pain, and bilateral leg pain. The treater has asked for one prescription of alprazolam 1mg #60 on 8/21/14. Patient has been taking Alprazolam since 1/16/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The patient has been taking Alprazolam for more than 7 months, and the reports do not mention the medication is for short-term use, or to address an acute issue. The requested alprazolam is not indicated for this type of condition. Recommendation is for denial.

One prescription of Temazepam 30mg # 30: Upheld

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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with back pain, and bilateral leg pain. The treater has asked for one prescription of Temazepam 30mg #30 on 8/21/14. Patient has been taking Temazepam since 1/16/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The patient has been taking Temazepam for more than 7 months, and the reports do not mention the

medication is for short-term use, or to address an acute issue. The requested use of Temazepam is not indicated for this type of condition. Recommendation is for denial.

One prescription of Sentra PM # 60: Upheld

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 Topical Analgesics Page(s): 111, 112.

Decision rationale: This patient presents with back pain, and bilateral leg pain. The treater has asked for one prescription of Sentra PM #60 on 8/21/14. The patient has no history of taking Sentra PM, but is taking Sentra AM as of 1/16/14 "to modulate her mood." According to ODG, Sentra PM is a medical food from [REDACTED], intended for use in management of sleep disorders associated with depression, that is a proprietary blend of choline bitartrate, glutamate, and 5-hydroxytryptophan. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG guidelines for Coline states: "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." There was no mention of choline deficiency secondary to liver deficiency. Since the use of Choline would not be indicated for this patient, the whole compounded product Sentra PM is also not indicated. Recommendation is for denial.