

Case Number:	CM14-0084544		
Date Assigned:	07/21/2014	Date of Injury:	10/09/2009
Decision Date:	09/19/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 41-year-old male who reported an injury on 10/09/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 07/08/2014 indicated diagnoses of ankle/foot joint pain and RSD (reflex sympathetic dystrophy) of the lower limb. The injured worker reported continued 30% to 40% relief with the use of his Norco for his chronic pain. The injured worker reported his pain level was 6 to 7 with the use of his pain medications, reduced from 9/10 to 10/10 without medications. The injured worker reported the continued ability to continue to work as well as recently working on remodeling his kitchen over the past 3 weeks. The injured worker reported he continued to benefit from Flexeril for his muscle spasms. The injured worker reported no significant relief with the use of Prozac. The injured worker reported the ability to fall asleep and stay asleep and awaken well rested with continued use of Ambien CR 12.5. The injured worker reported he had previously failed Ambien 5 mg to 10 mg, melatonin, and sleep teas. The injured worker reported continued benefit from the use of his Xanax for his nocturnal anxiety. On physical examination, the injured worker's left foot and ankle were less mobile and stiffer. The injured worker had a left foot scar with protruding metal hardware that was positive for allodynia and hyperalgesia at the surface of the left foot and ankle area with tenderness noted. The injured worker's treatment plan included medication refill. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Prozac, Ambien, cyclobenzaprine, alprazolam, and Norco. The provider submitted a request for Prozac, Ambien, cyclobenzaprine, alprazolam, and Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 10mg #60 with 3 refills: 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) Mental Illness and Stress Chapter - Prozac.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental, Antidepressant for treatment of MDD (major depressive disorder).

Decision rationale: The Official Disability Guidelines recommend Prozac for initial treatment of presentations of major depressive disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. The injured worker reported no significant relief with the use of his Prozac. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for major depressive disorder. Moreover, the request did not indicate a frequency for the Prozac. Therefore, the request for Prozac is not medically necessary.

Ambien 12.5 mg #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 (ODG), Pain Chapter: Ambien (Zolpidem).

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

Decision rationale: The Official Disability Guidelines recommend zolpidem as a short acting non-benzodiazepine hypnotic, which is approved for the short term (usually 2 weeks to 6 weeks) 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. Although the injured worker reported relief with the ability to fall asleep, stay asleep, and awaken well rested with the use of Ambien CR 12.5, the injured worker has been prescribed this medication since at least 06/2014. This exceeds the guidelines' recommendation for short term use. In addition, the request did not indicate a frequency for the Ambien. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The documentation submitted did not indicate the injured worker had findings that would support that he was at risk for acute exacerbation of the low back or muscle spasms. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Alprazolam 1mg #30: Upheld

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

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

Decision rationale: The Official Disability Guidelines state Alprazolam is not recommended for long term use because long term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Although the injured worker reported relief with the use of alprazolam as well as functional improvement, the injured worker has been prescribed this medication since at least 12/02/2013. This exceeds the guideline recommendations for short term use. Additionally, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.

Norco 10-325 #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use Page(s): 91 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports diminished pain levels and functional improvement with the use of Norco, there is a lack of documentation of an objective assessment of the injured worker's

evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.