

Case Number:	CM14-0217586		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2006
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 patient is a 52 year old female who sustained a work related injury to her lower back and left shoulder when she slipped and fell on March 28, 2006. The injured worker underwent on right L4-L5 intra-articular facet injection in October 2008, left shoulder surgery in 2011, anterior and posterior cervical fusion C4-5, C5-6 and C6-7 on April 4, 2012, lumbar neural foraminotomy at L4-5 and left facet resection on October 11, 2012. No recent diagnostic testing was noted. The patient continues to experience lumbar pain which radiates to both lower extremities and left shoulder pain. The injured worker ambulates with a cane. According to the primary treating physician's examination on August 29, 2014 there was tightness and tenderness of the paraspinal muscle, limited range of motion in all directions of the cervical spine, Spurling test was equivocal, and numbness down both upper extremities without specific nerve root distribution was noted. The lumbar spine examination demonstrated positive bilateral straight leg raise at 30 degrees of extension, unable to flex or extend, numbness down both thighs and at the L4, L5 nerve root distribution bilaterally, and dorsi and plantar flexion of the feet bilaterally. The left shoulder examination demonstrated slightly decreased range of motion from last month's visit with positive impingement signs and no instability. The injured worker received a left shoulder subacromial steroid injection during the office visit of August 29, 2014. The injured worker is diagnosed with left shoulder impingement syndrome and bicipital tendinitis, lumbar discopathy, right lower extremity radiculopathy, bilateral lower extremity clonus, and cervical discopathy with myelopathy along with depressive disorder and anxiety. Current medications dispensed are Norco 10/325 mg, Tizanidine and Ambien. The injured worker is deemed

Permanent & Stationary (P&S)The physician requested authorization for Alprazolam 0.5 mg, #40, Ambien 10 mg #30, Lexapro 10 mg, #60, Seroquel 25 mg, #30, Zolpidem (Ambien) 10 mg, #30.On December 19, 2014 the Utilization Review denied certification for Alprazolam 0.5 mg, #40, Ambien 10 mg #30, Lexapro 10 mg, #60, Seroquel 25 mg, #30, Zolpidem (Ambien) 10 mg, #30.Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and criteria for selective serotonin reuptake inhibitors (SSRI's), benzodiazepines and antipsychotics. The Official Disability Guidelines (ODG) was utilized for Zolpidem (Ambien) as a short acting non-benzodiazepine hypnotic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lexapro 10 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Section Page(s): 1.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-14.

Decision rationale: Lexapro is an antidepressant, specifically a selective serotonin reuptake inhibitor (SSRI). SSRI's have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo). Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRI's do not appear to be beneficial. Medical efficacy for SSRI's has not been established for spinal pain or radiculopathy. In this case the patient is experiencing pain in her lower back and left shoulder. There is no history of depression. There is no indication for the use of an SSRI. The request is not medically necessary and appropriate.

Alprazolam 0.5 mg, forty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 24.

Decision rationale: Lexapro is an antidepressant, specifically a selective serotonin reuptake inhibitor (SSRI). SSRI's have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo). Reviews that have studied the treatment of low back pain with tricyclic antidepressants found them to be slightly more effective than placebo for the relief of pain. A non-statistically significant improvement was also noted in improvement of functioning. SSRI's do not appear to be beneficial. Medical efficacy for SSRI's has not been established for spinal pain or radiculopathy. In this case the patient is experiencing

pain in her lower back and left shoulder. There is no history of depression. There is no indication for the use of an SSRI. The request is not medically necessary and appropriate.

Seroquel 25 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Section Page(s): 60.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs for Psychiatric Disorders, Treatment Guidelines from The Medical Letter - June 1, 2013 (Issue 130)

Decision rationale: Seroquel is quetiapine, a second generation anti-psychotic medication, used for treatment of schizophrenia, schizoaffective disorder, delusional disorder and other manifestations of psychosis or mania. Quetiapine commonly causes somnolence, dizziness, constipation, postural hypotension, hyperglycemia and weight gain. Second-generation antipsychotics have also been prescribed for insomnia but their serious adverse effects would be difficult to justify for treatment of insomnia alone. In this case documentation does not support the diagnosis of psychotic disorder. There is no medical indication for the use of seroquel. The request is not medically necessary and appropriate.

Ambien 10 mg, thirty count: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem

Decision rationale: Ambien is zolpidem, a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six 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. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case there is no documentation that the patient is suffering from a sleep disorder or that the patient is participating in cognitive behavioral therapy. In addition there is no documentation of duration

of treatments. It is unclear if the duration of treatment has surpassed the recommended short term duration of two to six weeks. The request is not medically necessary and appropriate.

Zolpidem 10 mg, thirty count: 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, Zolpidem Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Zolpidem

Decision rationale: Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually two to six 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. There is also concern that they may increase pain and depression over the long-term. Cognitive behavioral therapy (CBT) should be an important part of an insomnia treatment plan. A study of patients with persistent insomnia found that the addition of zolpidem immediate release to CBT was modestly beneficial during acute (first 6 weeks) therapy, but better long-term outcomes were achieved when zolpidem IR was discontinued and maintenance CBT continued. zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. In this case there is no documentation that the patient is suffering from a sleep disorder or that the patient is participating in cognitive behavioral therapy. In addition, there is no documentation of duration of treatments. It is unclear if the duration of treatment has surpassed the recommended short-term duration of two to six weeks. The request is not medically necessary and appropriate.