MAXIMUS Federal Services

Case Number:	CM14-0218267		
Date Assigned:	01/07/2015	Date of Injury:	08/01/2001
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: Colorado
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 56 year old male with a work injury date of 08/01/2001. He fell from a 50 foot tower hitting multiple planks. Since that time he has undergone numerous surgical interventions for his neck and low back. He has been evaluated as a failed low back and neck and has ongoing severe neck and low back pain. The injured worker (IW) had multiple neurosurgical evaluations stating he is not really a candidate for further surgical work at this time. Diagnoses include profound cervical discogenic disease with fusion, profound lumbar discogenic disease with fusion and depression. Current medications are Tizanidine, Tramadol extended release, regular Tramadol, Nexium, Bupropion, Oxycodone, Opana and Cymbalta. He has a past medical history of emphysema. He has not worked since 2001 and work status is totally disabled. He complains of severe pain in his neck going down right arm and low back pain going down his left leg along with headaches. Physical exam revealed "a very antalgic gait." Neck and lumbar spine have severe limited range of motion. The provider documents the IW seems to be stable on his medications. Urine sample was taken at the time of the visit to document appropriate medication use and compliance per ACOEM Guidelines.The provider requested Zolpidem 10 mg # 30 and Duloxetine 60 mg # 60. On 12/05/2014 utilization review issued non-certification for Zolpidem citing Official Disability Guidelines did not support the long term use of this medication. Duloxetine was also non-certified stating absence in documentation noting the claimants current status, subjective complaints, objective findings and functional improvement with the use of this medication. Guidelines cited were MTUS. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019908s027lbl.pdf Psychiatry Res. 2014 Oct 30;224(1):28-33. doi: 10.1016/j.pscychresns.2014.05.009. Epub 2014 Jun 7. Zolpidem increases GABA in depressed volunteers maintained on SSRIs.

Decision rationale: There are no MTUS medical necessity criteria for the use of Ambien (Zolpidem). The FDA lists that Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies. The FDA does not list depression or pain as an indication for the use of Ambien. According to the citation provided, based upon randomized trials, there is a suggestion that clinicians may coadminister an anxiolytic, such as Zolpidem, and an antidepressant for four to six weeks. And, there is little evidence that longer treatment is beneficial. In this case there is no documentation of insomnia and the extended use of Zolpidem is not supported scientifically and therefore, the request for Zolpidem is not medically necessary or appropriate.

Duloxetine 60 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 15, 42, 43.

Decision rationale: Duloxetine is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). According to the MTUS Duloxetine (Cymbalta) is recommended as an option in first-line treatment option in neuropathic pain. Duloxetine and has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy.