

Case Number:	CM15-0113614		
Date Assigned:	06/19/2015	Date of Injury:	03/17/2011
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 55 year old male, who sustained an industrial injury on 03/17/2011 when he reported suffering a partial amputation to his right hand. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having hand amputation, late effect of traumatic amputation, phantom limb, and upper extremity chronic regional pain syndrome. Treatment and diagnostics to date has included ganglion blocks and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of chronic phantom limb pain rated 5/10 on the pain scale. Objective findings include amputation of all four fingers of the right hand at the metacarpal phalangeal joints. The treating physician reported requesting authorization for Citalopram and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 20mg #30 with 1 refill: 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), Celexa (Citalopram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI Page(s): 13-17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety Medications; Depression.

Decision rationale: Citalopram is an SSRI (Selective serotonin reuptake inhibitors). MTUS states "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain." See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. The earlier utilization indicate that this IW is receiving both 40mg and 20mg citalopram. Per the manufacturers dosing recommendations this exceeds the maximum allowable dose of 40mg. Further, the injured worker is also receiving cymbalta which is also serotonergically active. This would constitute an overdose of serotonin agonist/uptake inhibitors which potentially puts the IW at risk for serotonin syndrome. Combination serotonin agent therapy, as well as higher than recommended dosages of SSRI's require the consultation and close monitoring of a psychiatrist. The treating physician does not document consultation with a psychiatrist and does not provide any documentation of any subjective or objective improvement with the utilization of citalopram. As such, the request for Citalopram 20mg #30 is deemed not medically necessary.

Lunesta 2mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica).

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

Decision rationale: MTUS is silent regarding Lunesta other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; and (d) Next-day functioning." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as: (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only

drink in moderation; and (i) Avoid napping. Medical documents indicate that the IW has been on Eszopiclone for a duration exceeding guidelines and is well into the chronic phase of treatment for his injury. Additionally, medical records do not indicate what components of insomnia has been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for Eszopiclone 2mg #15 is deemed not medically necessary.