

Case Number:	CM15-0115853		
Date Assigned:	06/24/2015	Date of Injury:	12/20/1997
Decision Date:	08/21/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: 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 injured worker is a 64 year old female who sustained an industrial injury on 12/20/97. Diagnoses are major Depression, Anxiety Disorder not otherwise specified, and Insomnia. In a progress report dated 5/26/15, the treating physician notes depression, anxiety, irritability, lack of energy, and lack of self confidence. Also reported is insomnia and that she is staying in bed the entire day. Medications are Doxepin, Lunesta, and Ambien. In a progress report dated 5/12/15, the treating physician notes subjective complaints of increased and continued pain of her left shoulder She states she has an aching pain in her right shoulder and aching throughout her right upper extremity. Objective findings of the left shoulder exam reveal flexion to 130 degrees, internal rotation of 160 degrees and internal rotation of 60 degrees. She has a positive impingement test, a positive Speed test, and positive supraspinatus test. The right shoulder exam notes flexion to 170 degrees, abduction to 90 degrees and external rotation of 80 degrees. An MRI done 3/25/15 reports a tear of her supraspinatus tendon, biceps tendinosis, a degenerative superior labrum, and degenerative changes at her acromioclavicular joint. The plan is for continued physical therapy for range of motion and strengthening exercises to her left shoulder, along with proprioceptive training and to return for further treatment after surgery. In a progress report dated 4/16/15, a treating physician notes she is seen in followup for wrist pain and headaches. Pain is rated at 6/10. Current medications noted are Voltaren, Cymbalta, Lidoderm patch, Nucynta, Promethazine HCL, Tizanidine HCL, Zantac, Baclofen and Roxicodone. Previous treatments include ice, splinting, rest, and she has completed at least 8 physical therapy visits. Work status is to remain off work, and is noted as permanently disabled. The requested

treatment is 6 psychotherapy sessions, Doxepin 50mg #60 with 11 refills, Lunesta 3 mg #15 with 11 refills, and Ambien 10 mg #15 with 11 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines-psychotherapy guidelines Official Disability Guidelines- Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case, the patient is receiving psychotherapy for anxiety disorder and major depression. There is no documentation regarding the number of visits already received or the effectiveness of prior therapy. The lack of documentation does not allow determination of efficacy or necessity. The request should not be authorized.

Doxepin 50mg #60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment.

Decision rationale: Doxepin is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy,

neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In this case, the patient suffered from anxiety disorder, depression, and insomnia in addition to right shoulder pain. Doxepin is approved by the FDA for treatment of insomnia, but there is little evidence to support the use of sedating antidepressants in the treatment of insomnia. In addition, the patient had been treated with doxepin since at least February 2015 with little to no benefit. Doxepin is not indicated. The request should not be authorized.

Lunesta 3mg #15 with 11 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, Mental Illness & Stress.

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

Decision rationale: Insomnia treatment should be based on etiology. 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. Lunesta is the non-benzodiazepine sedative hypnotic medication, eszopicolone, recommended as first line medication for insomnia. It is a benzodiazepine-receptor agonist which works by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. It is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. Maximum recommended use is 3 weeks. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. Side effects are dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing is 1-2 mg for difficulty falling asleep and 2-3 mg for sleep maintenance. The drug has a rapid onset of action. In this case the patient had been using lunesta since at least February 2014. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request should not be authorized.

Ambien 10mg #15 with 11 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, Mental Illness & Stress.

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.

Decision rationale: Ambien is the insomnia medication zolpidem. 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, the patient had been using Ambien since at least February 2014. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request should not be authorized.