

Case Number:	CM15-0119051		
Date Assigned:	06/29/2015	Date of Injury:	09/01/2009
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 9/01/2009. Multiple dates/injuries were noted in the initial psychiatric treatment progress report (1/13/2015). The injured worker was diagnosed as having major depression, severe, with previous psychotic features, and panic disorder without agoraphobia. Treatment to date has included diagnostics and medications. He experienced the onset of mental symptoms in 2013 due to pain and disability. Hospitalization noted due to danger to self and others. Treatment recommendations with Zoloft, Ativan, Ambien, Cymbalta were noted on 1/29/2015. Previous medications on 1/13/2015 were documented as Zoloft, Valium, Neurontin, Abilify, and Cymbalta. Currently (5/07/2015), the injured worker reported reduced anxiety, tension, irritability, panic attacks, depression, and insomnia. He had no thoughts of harming himself or others. The treatment plan included continued use of Zoloft, Ativan, Ambien, and Cymbalta. Urine toxicology was not noted. The PR21 report (4/07/2015) noted early appointment due to increased pain. He was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 60 mg #60 per 5/7/15 order: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 13-14. Decision based on Non-MTUS Citation ODG-mental chapter and SSRI-pg 50.

Decision rationale: Cymbalta is an SNRI antidepressant. Anti-depressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. The claimant had been on Cymbalta for several months in combination with Zoloft. The claimant had been under the care of a psychiatrist and had routine visits. The psychiatrist's was able to maintain and improve the claimant's depression, panic attacks and anxiety. The continued use of Cymbalta is appropriate and medically necessary.

Ativan 1 mg #60 with 1 refill per 5/7/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxer, Benzodiazepines Page(s): 24, 63-68.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant was on Ativan for over 6 months along with SSRI/SNRI which can also manage anxiety. Long-term use of Ativan is not recommended and continued use is not medically necessary.

Ambien 1 mg #60 with 1 refill per 5/7/15 order: 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, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia medications and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or

psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. Sleep disturbance was due to pain rather than a primary sleep disorder. Continued use of Zolpidem (Ambien) is not medically necessary.