

Case Number:	CM15-0123647		
Date Assigned:	07/08/2015	Date of Injury:	05/13/2002
Decision Date:	09/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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

Certification(s)/Specialty: Internal 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 53 year old female, who sustained an industrial injury on May 13, 2002. The mechanism of injury was a trip and fall in which the injured worker sustained injuries to both knees. The diagnoses have included chronic pain, lumbar spine radiculopathy, failed-back syndrome, bilateral knee medial meniscal tears, unspecified neuralgia/neuritis and radiculitis, unspecified internal derangement of the knee and other specified disorders of the bursae and tendons in the shoulder region. Documented treatment and evaluation to date has included medications, radiological studies, MRI and back surgery. The injured worker was noted to be permanently disabled. Current documentation dated May 11, 2015 notes that the injured worker reported back and bilateral knee pain which was increased with walking, standing and activity. The injured worker also noted right shoulder pain. The pain was characterized as achy. Her current pain was noted to be unchanged. The injured worker was noted to be stressed and having difficulty with coping with her pain. Examination of the lumbar spine revealed a painful range of motion. Motor strength was grossly normal. The treating physician's plan of care included requests for the retrospective medications: Prozac 20 mg # 30 and Ambien 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Prozac (Fluoxetine) 20mg #30 (DOS: 04/02/15): Upheld

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 Antidepressants for Chronic Pain Page(s): 14-16.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that the anti-depressant medication Prozac is a selective serotonin reuptake inhibitor (SSRI). It has been suggested that the main role of this class of anti-depressants may be in addressing psychological symptoms associated with chronic pain. The MTUS guidelines recommend anti-depressants for chronic pain, neuropathic pain and depression. The injured worker complains of chronic pain in her back, knees and shoulder. Documentation indicates associated stress and difficulty coping with the pain. Physician report fails to show diagnoses of insomnia or depression. There is also lack of documentation as to how long the injured worker has been prescribed the medication or evidence of functional improvement. With guidelines not being met, the request for Retro: Prozac (Fluoxetine) 20mg #30 (DOS: 04/02/15) is not medically necessary.

Retrospective Ambien (Zolpidem) 10mg #30 (DOS: 04/02/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem (Ambien).

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address the medication Ambien. Therefore, the Official Disability Guidelines were referenced. Ambien is a "prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) 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." In this case, the documentation supports that the injured worker had been receiving Ambien since December of 2014. There is lack of documentation of a sleep disturbance or any sleep modification attempts. This medication is not recommended for long-term use. Therefore, the request for Retro: Ambien (Zolpidem) 10mg #30 (DOS: 04/02/15) is not medically necessary.

