

<b>Case Number:</b>	CM15-0148975		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: California

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:

The injured worker is a(n) 54 year old male, who sustained an industrial injury on 1-21-10. The injured worker was diagnosed as having lumbar disc disease, lumbar facet arthropathy and right sacroiliac joint arthropathy. Treatment to date has included extra corporeal shockwave therapy, a lumbar epidural injection on 5-11-12 and Norco and Ambien (since at least 12-2-11). As of the PR2 dated 1-13-12, the injured worker reports pain in his lower back. He rates his pain 3 out of 10. Objective findings include a positive straight leg raise test bilaterally at 60 degrees, lumbar flexion is 60 degrees and extension is 10 degrees. The physical exam (1-25-12 through 6-4-12) revealed lumbar flexion 30 degrees, extension 10 degrees and 7-8 out of 10 pain. The treating physician requested Fluoxetine 20mg #30, Zolpidem 10mg #30, Hydrocodone 10-325mg #180 and Alprazolam 1mg #90. The Utilization Review dated 7-20-15, non-certified the request for Fluoxetine 20mg #30, Zolpidem 10mg #30, Alprazolam 1mg #90, modified the request for Hydrocodone 10-325mg #180 to Hydrocodone 10-325mg #60 and certified the request for Naproxen 550mg #60 and Pantoprazole 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Fluoxetine CAP 20mg, #30 (DOS: 10/05/2012): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

**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), SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** According to the Official Disability Guidelines SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. 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. Retrospective Fluoxetine CAP 20mg, #30 (DOS: 10/05/2012) is not medically necessary.

**Retrospective Zolpidem TAB 10mg, #30 (DOS: 10/05/2012): 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-TWC) - 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), Zolpidem (Ambien).

**Decision rationale:** The Official Disability Guidelines do not recommend the use of sleeping pills for long-term use. 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. The patient has been taking Ambien for longer than the 2-6 week period recommended by the ODG. Retrospective Zolpidem TAB 10mg, #30 (DOS: 10/05/2012) is not medically necessary.

**Retrospective Hydrocodone 10/325mg, #180 (DOS: 10/05/2012): 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-TWC), Pain (Chronic) - Weaning, opioids (specific guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Guidelines state that Hydrocodone is indicated for moderate to moderately severe pain. Guidelines further state the criteria for the use of opioids is the ongoing review and documentation of the patient's pain relief, functional status, appropriate medication use, and side effects. In this case, the medical necessity has been established for the patient's use of the

requested Hydrocodone as a first-line analgesic agent for pain relief for the patient's treatment of chronic pain as it is appropriate in this clinical setting. The original reviewer found this request to be medically appropriate, but since the patient is taking the medication on a bid dosage, they modified the quantity from #180 to #60. Consequently, Retrospective Hydrocodone 10/325mg, #180 (DOS: 10/05/2012) is not medically necessary.

**Retrospective Alprazolam 1mg, #90 (DOS: 10/05/2012): 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-TWC), Pain (Chronic), Weaning of Medications - Weaning, benzodiazepines (specific guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Retrospective Alprazolam 1mg, #90 (DOS: 10/05/2012) is not medically necessary.