

Case Number:	CM15-0034788		
Date Assigned:	03/03/2015	Date of Injury:	05/14/2012
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female, who sustained an industrial injury on 05/14/2012. She has reported subsequent back and lower extremity pain and was diagnosed with displaced lumbar intervertebral disc, degeneration of lumbar disc, lumbosacral spondylosis, depression, insomnia and right knee degenerative joint disease. Treatment to date for pain has included oral pain medication, steroid injections, physical therapy and surgery. In a progress note dated 02/02/2015, the injured worker complained of back, right knee and left lateral thigh pain. The injured worker was noted to be undergoing cognitive behavioral therapy related to depression and chronic pain and was recommended to start an anti-depressant. A request for authorization of an Ambien refill and a request for Zoloft were made. On 02/17/2015, Utilization Review non-certified requests for Ambien and Zoloft, noting that there was no evidence of insomnia to support Ambien and that there was no documentation to support the medical necessity of Zoloft. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain, Zolpidem.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>).

Decision rationale: According to ODG guidelines, Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of recent sleep issues with the patient. Therefore, the prescription of Ambien 10mg #60 is not medically necessary.

Zoloft 50mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Antidepressants for chronic pain (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Antidepressants>).

Decision rationale: Zoloft is an antidepressant of the SSRI family. According to ODG guidelines, Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. (Saarto-Cochrane, 2005) Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation (especially that which would affect work performance) should be assessed, (Additional side effects are listed below for each specific drug.) It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). Tricyclic are recommended over selective serotonin reuptake inhibitors. Zoloft is used less than other tricyclic antidepressant for chronic pain. Zoloft was previously used for this patient without clear documentation of efficacy. In addition, there is no documentation that the patient is suffering from depression. There is no clear rationale for using Zoloft rather than a

tricyclic antidepressant drug if it is used for pain management. Therefore, the prescription of Zoloft is not medically necessary.

Norco 10/325mg quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #240 is not medically necessary.