

Case Number:	CM15-0062708		
Date Assigned:	04/08/2015	Date of Injury:	10/13/1994
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 65 year old female who sustained an industrial injury on 10/13/94. The injured worker reported symptoms in the back. The injured worker was diagnosed as having post lumbar laminectomy syndrome. Treatments to date have included nonsteroidal anti-inflammatory drugs, oral pain medication, spinal cord stimulator and home exercise program. Currently, the injured worker complains of lower back pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prozac 20 MG #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

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

Decision rationale: This patient receives treatment for chronic low back pain that arose after a work related injury dated 10/13/1994. This patient underwent lumbar laminectomy and is considered to have "failed back" syndrome. This review addresses a request for treatment with Prozac (fluoxetine) 20 mg. Fluoxetine is an SSRI, an anti-depressant medication. SSRIs are considered one of the drugs of choice for the treatment of major depression. In treating chronic low back pain with SSRIs, the current medical literature and the treatment guidelines no longer recommend this class of antidepressant due to lack of efficacy. For treating major depression, the documentation ought to include an assessment of the degree of depression. The PHQ-9 rating scale is a widely used evaluation tool for this assessment. The documentation does not provide any of this type of assessment. Based on the documentation, Prozac is not medically necessary.

Ambien 10 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment of Insomnia by Michael Bonnet, MD, et al; UpToDate.com.

Decision rationale: This patient receives treatment for chronic low back pain that arose after a work related injury dated 10/13/1994. This patient underwent lumbar laminectomy and is considered to have "failed back" syndrome. This review addresses a request for treatment with Ambien 10mg (zolpidem). Zolpidem may be clinically indicated for the short-term management of sleep disturbance and insomnia. Medical treatment guidelines warn that reliance on hypnotics does not result in impressive relief from insomnia and can produce side effects, such as hallucinations and sleep walking. Long-term hypnotic use leads to drug dependence and drug tolerance. Addressing sleep hygiene does lead to improvement in restorative sleep. This is not documented. Ambien is not medically necessary.