

Case Number:	CM15-0066183		
Date Assigned:	04/14/2015	Date of Injury:	06/23/2011
Decision Date:	05/13/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 20, 2011. In a Utilization Review report dated March 11, 2015, the claims administrator retrospectively denied requests for Celexa and Ambien apparently prescribed and/or dispensed on or around February 19, 2015. The applicant's attorney subsequently appealed. In a RFA form dated October 14, 2014, Norco, Celexa, Ambien, Prilosec, and Motrin were dispensed. In an associated progress note dated October 2, 2014, the applicant reported ongoing complaints of shoulder and neck pain, 3-4/10 with medications versus 9/10 without medications. The applicant's work status was not detailed, although it did not appear that the applicant was working with said limitations in place. The applicant's complete medication list included Motrin, Norco, Ambien, Glucophage, aspirin, Biofreeze gel, Cymbalta, Prilosec, and Celexa, it was stated. The applicant's mental health issues were not detailed or expounded upon. In a psychological counseling note dated March 23, 2015, the applicant reported issues with panic attacks, difficulty concentrating, difficulty sleeping, and loss of energy. Cymbalta and Celexa had reportedly stopped working, the applicant acknowledged. The applicant was using Ambien as early as a progress note of January 14, 2014, it was acknowledged. On March 25, 2015, Motrin, Norco, Celexa, and Ambien were dispensed. In an associated progress note dated March 19, 2015, the applicant reported ongoing complaints of neck and shoulder pain. Permanent work restrictions imposed by a medical-legal evaluator were renewed while Motrin, Norco, Celexa, and Ambien were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Celexa 20 mg Qty 60 (Dispensed On 02/19/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Anxiety Medications in Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Celexa, an antidepressant medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that it often takes "weeks" for antidepressants such as Celexa to exert their maximal effect, in this case, however, the applicant had been using Celexa for a minimum of several months to several years as of the date in question. As the applicant herself acknowledged in a psychological counseling report dated March 23, 2015, Celexa was not effectively attenuating symptoms of panic attacks, anxiety, difficulty concentrating, difficulty sleeping, etc. The applicant had failed to return to work. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celexa. Therefore, the request is not medically necessary.

Retrospective: Ambien 5 mg Qty 30 (Dispensed 2/19/15): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration INDICATIONS AND USAGE Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies.

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant had been using Ambien for a minimum of several months to several years. Such usage, however, ran counter to the short-term role for which Ambien is espoused, per the FDA. The attending provider failed to furnish any compelling

applicant-specific rationale or medical evidence which would support such usage here. Therefore, the request was not medically necessary.