

Case Number:	CM15-0067068		
Date Assigned:	04/14/2015	Date of Injury:	11/26/2000
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, 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 48-year-old male, who sustained an industrial injury on November 26, 2000. The injured worker has been treated for low back pain complaints. The diagnoses have included lumbar discogenic pain, lumbar degenerative disc disease and lumbar annular tear at lumbar four-lumbar five. Treatment to date has included medications, intradiscal electrothermal therapy (IDET) and physical therapy. Current documentation dated March 18, 2015 notes that the injured worker reported increased low back pain with radiation to the bilateral buttocks and right posterior thigh. The injured worker was noted to have had a significant flare-up recently. Physical examination of the lumbar spine revealed tenderness to palpation, a significantly reduced range of motion and a positive straight leg raise on the right. The injured worker was noted to ambulate slowly. The treating physician's plan of care included requests for the medications Ambien 10 mg # 30 and Lexapro 10 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines insomnia medications Page(s): 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem (Ambien) is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem is not medically necessary.

Lexapro 10mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Mental and SSRI and pg 18.

Decision rationale: According to the guidelines such as Lexapro, antidepressants are indicated for major depression or PTSD. In this case, the use of Lexapro was not associated with a diagnosis. Lexapro is not indicated for pain management over tricyclics. The claimant had already been on Percocet. The use or clinical response to Lexapro was not defined and is not medically necessary.