

Case Number:	CM15-0068069		
Date Assigned:	04/15/2015	Date of Injury:	12/18/1995
Decision Date:	06/16/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/09/2015

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 York
Certification(s)/Specialty: Anesthesiology

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 53-year-old female, who sustained an industrial injury on 12/18/95. She reported a back injury. The injured worker was diagnosed as having depression, sleep disturbance, muscle spasms and long-term use of opioids. Treatment to date has included laminectomy with fusion and hardware replacement and bone grafting, physical therapy and opioid therapy. Currently, the injured worker complains of upper back pain with numbness in right leg, below the knee and weakness in right foot. Physical exam noted tenderness over the cervical spine and lumbar spine. The treatment plan included continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sertaline: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

Decision rationale: Selective Serotonin re-uptake inhibitors (SSRIs), such as Sertraline, are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. SSRIs, a class of antidepressants that inhibit serotonin re-uptake without action on norepinephrine, are controversial based on controlled trials. 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. In this case, there is documentation the patient has a diagnosis of depression. Medical necessity for the requested medication has been established. Sertraline (Zoloft) can be continued. The requested medication is medically necessary.

Zolpidem: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 03/23/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

Decision rationale: Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, there is lack of documentation supporting objective functional improvement (improved Epworth sleep scale) to support the continued use of this medication. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In

this case, there is no documentation of muscle spasm noted on physical exam. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

Hydrocodone: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids form the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Hydrocodone is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item is not established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.