

Case Number:	CM15-0098237		
Date Assigned:	05/29/2015	Date of Injury:	08/09/2002
Decision Date:	07/01/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 injured worker is a 60 year old male who sustained an industrial injury on 8/9/02 when he was driving a tractor and a tire went into a deep hole. From the documents provided he incurred injury to his back. He currently complains of low back pain with radiation to the right thigh and foot with weakness in the right lower extremity and foot; depression; sleep difficulties; sexual dysfunction; stomach upset. His pain level with medications is 1-2/10 allowing him to do activities of daily living and without the medication the pain level is 8/10. On physical exam there is slight to moderate paralumbar muscle spasm greater on the right with decreased range of motion, positive straight leg raise on the right while sitting and supine. Medications are Norco, ibuprofen, Neurontin, Soma, Wellbutrin, Ambien, Elavil, omeprazole. Diagnoses include lumbar strain with right-sided radiculopathy; depression due to pain; sexual dysfunction due to chronic low back pain; chronic pain syndrome; gastrointestinal upset with gastroesophageal reflux disease secondary to medications. Treatments available for review were medications, no other treatments were noted. No diagnostics were available for review. In the progress note dated 3/24/15 the treating provider's plan of care includes requests for Ambien for sleep difficulties due to chronic pain; Elavil for chronic pain/ sleep difficulties when Ambien doesn't help.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30 (per 3/24/15 order): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment.

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

Decision rationale: The MTUS Guidelines do not address the use of zolpidem. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management 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 whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem reduces sleep latency and is indicated for the short-term treatment (7-10 days) of insomnia with difficulty of sleep onset and/or sleep maintenance. Adults who use zolpidem have a greater than 3-fold increased risk for early death. Due to adverse effects, FDA now requires lower doses for zolpidem. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Ambien 10mg #30 (per 3/24/15 order) is determined to not be medically necessary.

Elavil 25mg #15 (per 3/24/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Section Amitriptyline Section Page(s): 47.

Decision rationale: MTUS Guidelines recommended Amitriptyline for chronic pain. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Per available documentation, Elavil is being prescribed as a sleep aid and not for chronic pain. The medical records do not address the timeline of the insomnia or evaluation for the causes of the insomnia. The medical records do not indicate that non-pharmacological modalities such as cognitive behavioral therapy or addressing sleep hygiene practices prior to utilizing a pharmacological sleep aid. The request for Elavil 25mg #15 (per 3/24/15 order) is determined to not be medically necessary.