

Case Number:	CM13-0007219		
Date Assigned:	12/11/2013	Date of Injury:	05/07/1991
Decision Date:	02/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 64 year old female, injured worker with date of injury 5/7/91 with related lower back pain from degenerative joint disease and myofascial pain with limited range of motion (ROM). She has insomnia, anxiety and depression without suicidal ideation. She is status post laminectomy L4-L5 (1991). She has been treated with medications. The date of utilization review (UR) decision was 7/19/2013. There were two progress notes available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine 150mg, QTY: 180, 4 refills: Overturned

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

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

Decision rationale: With regard to antidepressants for chronic pain, the MTUS guidelines indicate that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a

few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Specifically, "Venlafaxine (Effexor): Food and Drug Administration (FDA)-approved for anxiety, depression, panic disorder and social phobias. The off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the injured worker is suffering from chronic pain of a non-neuropathic quality as well as anxiety and depression. Since she refuses opioid therapy because of potential addiction, habituation, tolerance and rebound, per 7/18/13 note; alternative therapies are reasonably warranted. The request is medically necessary.

Lyrica 75mg, QTY: 90, 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antiepilepsy drugs, pregabalin Page(s): 16 & 99.

Decision rationale: Per MTUS guidelines, "Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has Food and Drug Administration (FDA) approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia." According to the MTUS guidelines, antiepilepsy drugs (AEDs) are recommended for neuropathic pain. The documentation submitted for review does not establish a diagnosis of diabetic neuropathy or postherpetic neuralgia, and there is no documentation clearly indicating that the injured worker is suffering from neuropathic pain. Of note, pregabalin is supported by MTUS and is FDA approved for fibromyalgia, however MTUS states that in regards to myofascial pain, myofascial pain: the medication is not recommended. The MTUS guidelines indicate that there is a lack of evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain." The request is not medically necessary without a formal diagnosis of neuropathic pain or fibromyalgia.

Temazepam 30mg, QTY: 90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Benzodiazepines Page(s): 24.

Decision rationale: Regarding benzodiazepines, the MTUS guidelines states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." The documentation submitted for review does not specify whether the insomnia is secondary to chronic pain.

Regardless, the MTUS is silent on the treatment of insomnia related to chronic pain. The documentation submitted does not establish medical necessity for this medication. The request is not medically necessary.