

Case Number:	CM13-0019116		
Date Assigned:	02/14/2014	Date of Injury:	06/03/2011
Decision Date:	07/08/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

This is a 30 year-old female who was injured on 6/3/11. She has been diagnosed with cervical radiculopathy; lumbar radiculopathy; headaches; bilateral shoulder pain, bilateral knee pain; left foot/ankle pain; lumbar facet arthropathy; and bilateral CTS. The request is for retrospective denial of Vibryd, Butalb-APAP, Alprazolam, Omeprazole for dates of service 8/15/12, 10/4/10 and 10/29/12. The UR decision was based on the billing invoice, and 8/9/12 psych report, and 9/14/12 and 10/16/12 orthopedic reports. The only medical report from 2012 provided for review is the initial orthopedic evaluation from [REDACTED], dated 6/4/12. The 8/9/12 psych and 9/14/12 and 10/16/12 orthopedic reports that contained the prescribing physicians' rationale, were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR VIBRYD 40MG #30 30-DAY SUPPLY (DOS 8/15/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, there is not enough information provided to confirm that Vibryd was provided in accordance with the coverage guidelines or any evidence-based guidelines. There are no reports from the prescribing psychiatrist and no rationale for use of Vibryd. The available 6/8/12 orthopedic report does state the patient was taking Synthroid, Flexeril, Soma, Percocet, Vibryd, and Adderall at that time, and he states there are psyche complaints, GI complaints and sleep disturbance in his diagnoses. The orthopedist sent the patient to [REDACTED] to see if there was any industrial causation to the psych and GI complaints. Therefore, based upon review of the medical records provided, the requested Vibryd is not medically necessary.

RETROSPECTIVE REQUEST FOR BUTALB-APAP-CAFF 50-325-40#60 30 DAY SUPPLY (DOS 8/15/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS) Page(s): 23.

Decision rationale: The Chronic Pain Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, There are no medical reports provided for the involved dates of service. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 includes the diagnosis of cephalgia but details are not provided. Therefore, based upon review othe avabile records the requested Butalb-Apap-Caff 50-325-40 is not medically necessary.

RETROSPECTIVE REQUEST FOR ALPRAZOLAM 0.5MG #60 30-DAY SUPPLY PROVIDED ON 8/15/12, 10/4/12 AND 10/29/12: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In this case, there are no medical

reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does not mention use of Alprazolam. The guidelines state that benzodiazepines are not recommended for use over 4-weeks. The prescription is for a 4-week supply. There are no reports available that document when Alprazolam was first prescribed. Without this information, the total duration of its use cannot be determined. Therefore, based upon review of the records provided the requested Alprazolam is not medically necessary.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE DR 20MG #30 30-DAY SUPPLY (DOS 8/15/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the patient is at risk for GI events when the patient is older 65 years; has a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there are no medical reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does mention GI issues. It states the patient complains of stomach cramping, burning, bloating, nausea and diarrhea. The patient is not reported to have any of the MTUS listed risk factors for GI events that would justify the need for omeprazole on a prophylactic basis. It is not known if the patient had any GERD or was taking NSAIDs for the date of service in question. Based on review the available records, the requested Omeprazole is not medically necessary.

RETROSPECTIVE REQUEST FOR VIBRYD 40MG #30 30-DAY SUPPLY (DOS 10/4/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, there is not enough information provided to confirm that Vibryd was provided in accordance with the coverage guidelines or any evidence-based guidelines. There are no reports from the prescribing psychiatrist and no rationale for use of Vibryd. The available 6/8/12 orthopedic report does state the patient was taking Synthroid, Flexeril, Soma,

Percocet, Vibryd, and Adderall at that time, and he states there are psyche complaints, GI complaints and sleep disturbance in his diagnoses. The orthopedist sent the patient to [REDACTED] to see if there was any industrial causation to the psych and GI complaints. Therefore, based upon review of the medical records provided, the requested Vibryd is not medically necessary.

RETROSPECTIVE REQUEST FOR VIBRYD 40MG #30 30-DAY SUPPLY (DOS 10/29/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Long-term effectiveness of anti-depressants has not been established and the effect of this class of medication in combination with other classes of drugs has not been well researched. In this case, there is not enough information provided to confirm that Vibryd was provided in accordance with the coverage guidelines or any evidence-based guidelines. There are no reports from the prescribing psychiatrist and no rationale for use of Vibryd. The available 6/8/12 orthopedic report does state the patient was taking Synthroid, Flexeril, Soma, Percocet, Vibryd, and Adderall at that time, and he states there are psyche complaints, GI complaints and sleep disturbance in his diagnoses. The orthopedist sent the patient to [REDACTED] to see if there was any industrial causation to the psych and GI complaints. Therefore, based upon review of the medical records provided, the requested Vibryd is not medically necessary.

RETROSPECTIVE REQUEST FOR ALPRAZOLAM 0.5MG #60 30-DAY SUPPLY (DOS10/4/12): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In this case, there are no medical reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does not mention use of Alprazolam. The guidelines state that benzodiazepines are not recommended for use over 4-weeks. The prescription is for a 4-week supply. There are no reports available that document when Alprazolam was first prescribed. Without this information, the total duration of its use cannot be

determined. Therefore, based upon review of the records provided the requested Alprazolam is not medically necessary.

RETROSPECTIVE REQUEST FOR ALPRAZOLAM 0.5MG #60 30-DAY SUPPLY (DOS 10/29/12): Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. In this case, there are no medical reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does not mention use of Alprazolam. The guidelines state that benzodiazepines are not recommended for use over 4-weeks. The prescription is for a 4-week supply. There are no reports available that document when Alprazolam was first prescribed. Without this information, the total duration of its use cannot be determined. Therefore, based upon review of the records provided the requested Alprazolam is not medically necessary.

RETROSPECTIVE REQUEST FOR BUTALB-APAP-CAFF 50-325-40#60 30 DAY SUPPLY (DOS 10/4/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS) Page(s): 23. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BARBITURATE-CONTAINING ANALGESIC AGENTS (BCAS), 23.

Decision rationale: The Chronic Pain Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, There are no medical reports provided for the involved dates of service. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 includes the diagnosis of cephalgia but details are not provided. Therefore, based upon review of the available records the requested Butalb-Apap-Caff 50-325-40 is not medically necessary.

RETROSPECTIVE REQUEST FOR BUTALB-APAP-CAFF 50-325-40#60 30 DAY SUPPLY (DOS 10/29/12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs) Page(s): 23.

Decision rationale: The Chronic Pain Treatment Guidelines state that barbiturate containing analgesic agents are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, There are no medical reports provided for the involved dates of service. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 includes the diagnosis of cephalgia but details are not provided. Therefore, based upon review of the available records the requested Butalb-Apap-Caff 50-325-40 is not medically necessary.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE DR 20MG #30 30-DAY SUPPLY (DOS 10/4/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the patient is at risk for GI events when the patient is older 65 years; has a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there are no medical reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does mention GI issues. It states the patient complains of stomach cramping, burning, bloating, nausea and diarrhea. The patient is not reported to have any of the MTUS listed risk factors for GI events that would justify the need for omeprazole on a prophylactic basis. It is not known if the patient had any GERD or was taking NSAIDs for the date of service in question. Based on review of the available records, the requested Omeprazole is not medically necessary.

RETROSPECTIVE REQUEST FOR OMEPRAZOLE DR 20MG #30 30-DAY SUPPLY (DOS 10/29/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the patient is at risk for GI events when the patient is older 65 years; has a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, there are no medical reports provided for the dates of service in dispute. There is no rationale provided for the medications. The single orthopedic report from 6/8/12 does mention GI issues. It states the patient complains of stomach cramping, burning, bloating, nausea and diarrhea. The patient is not reported to have any of the MTUS listed risk factors for GI events that would justify the need for omeprazole on a prophylactic basis. It is not known if the patient had any GERD or was taking NSAIDs for the date of service in question. Based on review the available records, the requested Omeprazole is not medically necessary.