

Case Number:	CM13-0020419		
Date Assigned:	10/11/2013	Date of Injury:	01/05/2007
Decision Date:	01/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine and Rehabilitation, 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.

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 underlying date of injury in this case is 01/05/2007. The treating diagnoses include lumbar radiculitis, adjustment disorder with depressed mood, lumbago, lumbosacral disc degeneration, and dysthymic disorder. The patient was seen by the treating physician on 10/22/2012 for reevaluation of low back pain and shoulder pain. The patient's pain had been worsening, perhaps due to the weather. The pain was described as in the low back with radiation to the left leg. On exam the patient had diminished sensation in the left L5 and L4 root distributions, and the patient had sacroiliac tenderness, worse on the right. Medications were continued including Norco, cyclobenzaprine, Terocin, Prozac, gabapentin, Effexor, and Celexa, and the treating physician noted the patient would continue to follow up with her psychologist and psychiatrist. A summary letter from the patient's psychiatrist dated 12/14/2012 noted that the patient could not make it to the office and was having a difficult time with anxiety and irritability and had gotten into an accident, and it was difficult to move around. That note indicates it would be difficult for the patient to come to the office but she needs ongoing psychiatric treatment. The patient was noted to be on Effexor, Valium as needed for anxiety and panic attacks, Abilify, and Ambien. The treating psychiatrist planned to continue to see the patient for medication management and noted the patient remained totally disabled from gainful employment. By 05/03/2013, the patient was seen in psychiatry followup. The patient was becoming increasingly depressed and despondent and felt hopeless and did not have the energy to deal with her claim. The medications were helping but the patient said she forgot to take it. She was on Valium for anxiety, agitation and irritability as well as Effexor, Ambien, and Abilify. Her psychiatrist planned to continue to see the patient for medication management. On 08/12/2013, the treating physic

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium, 10mg, 30 tablets: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records include both treating physician notes and psychiatry notes which indicate substantial continued functional decline. Benefit from this medication is not apparent, and therefore it does not appear that an exception of the guidelines is warranted. The request for Valium, 10mg, 30 tablets, is not medically necessary or appropriate.

Ambien CR, 12.5mg, 30 tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Official Disability Guidelines states that Ambien "is indicate for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days)... Longer term studies have found Ambien to be effective for up to 24 weeks in adults...Pharmacological agents should be used only after careful evaluation of potential causes of sleep disturbance." This is a very complex case. The guidelines support an equivocal use for long-term use of Ambien in specific cases. In this case, there are very detailed notes regarding the patient's psychotropic medication use, both by her treating psychiatrist and her primary treating pain physician noting significant mental health comorbidities associated with the patient's pain. The guidelines for Ambien do offer the possibility of discretion to utilize the medication on a long-term basis if there is specific documentation of the rationale. In this case there are two separate treating physicians who have reported that the patient has ongoing necessity of this medication on a long-term basis. This level of detail apparently was not available to the reviewer at the time of the initial review. The request for Ambien CR, 12.5mg, 30 tablets, is medically necessary and appropriate.

Effexor XR, 75mg, 60 capsules: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Venlafaxine Section Page(s): 14.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on venlafaxine, page 14, states, "Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option...Other recent reviews recommend both tricyclic antidepressants and venlafaxine as first line options." These guidelines on page 16 also state regarding venlafaxine, "FDA approved for anxiety, depression, panic disorder, and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." Thus, this medication is supported as a first-line medication for multiple forms of neuropathic and non-neuropathic pain as well as for comorbid mental health diagnoses. This patient's clinical presentation is classic for an indication for Effexor. It appears that there may be medical records which were not initially available to the reviewing physician. The detailed medical records from both the treating physician and the treating psychiatrist do support benefit from this medication, which is specifically supported by the guidelines in this clinical situation. The request for Effexor XR, 75mg, 60 capsules, is medically necessary and appropriate.