

Case Number:	CM13-0026003		
Date Assigned:	11/22/2013	Date of Injury:	12/11/2003
Decision Date:	02/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 & 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 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 patient is a 45 YO male with a date of injury of 12/11/2003. Patient is status post multiple lumbar spine surgeries performed by various physicians dating from 2005 to 2008. Patient has diagnoses of major depressive disorder and psychological factors due to his chronic pain. Medical records indicate patient is being treated by [REDACTED]. According to progress report dated 08/01/2013 by [REDACTED], patient presents with his wife who complains of him being a zombie and too sedated. No other examination or findings were noted. [REDACTED] requests Cymbalta 60mg, Latuda 120mg, Xanax 0.25mg, Ambien 12.5mg and Klonopin. He also requests medical services from [REDACTED], a board certified psychiatrist, for "no more than monthly medication visits once the medication regimen is optimized."

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown sessions of monthly psychotropic medications management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and

Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: Patient has diagnoses of major depressive disorder and psychological factors due to his chronic pain. Patient has a long history of medication usage including Cymbalta, Latuda, Xanax, Ambien, and Klonopin. [REDACTED] requests medical services from [REDACTED], a board certified psychiatrist, for "no more than monthly medication visits once the medication regimen is optimized." UR letter dated 09/09/2013 approved medication management however, capped the number of visits to six months. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Given the patient's complexity in clinical problems and extensive list of medication, obtaining a monthly psychotropic medication management is reasonable. Recommendation is for approval.

1 prescription of Cymbalta 60mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

Decision rationale: Patient has diagnoses of major depressive disorder and psychological factors due to his chronic pain. Treater recommends patient take one Cymbalta 60mg in the morning. UR letter dated 09/09/2013 certified request with modification from #60 to #30. Duloxetine (Cymbalta®) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is recommended as a first-line option for diabetic neuropathy. (Dworkin, 2007). Given patient's history of depression, recommendation is for approval.

1 prescription of Latuda 120mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA indications/Boxed label indications for Latuda, Clinical Studies.

Decision rationale: Patient has diagnoses of major depressive disorder and psychological factors due to his chronic pain. Latuda is an antipsychotic medication. Medical guidelines do not discuss Latuda in specific. Medical records show that patient has been taking this medication since 11/28/2012, possibly earlier, since this is the earliest record provided for review. QME dated 11/28/2012 states patient should now start weaning process of medications, including but not limited to Latuda. Additional, UR letter dated 09/09/2013 indicates patient was initially

prescribed antipsychotic medication in 2012 due to complaints of hallucinations, however review of more recent reports dated 09/03/2013, 08/01/2013, 07/30/2013, 06/03/2013 and 04/30/2013 have no indications of hallucinations. One may argue that the patient has been without hallucinations due to Latuda. However, the patient's wife complains of the patient being not responsive and drowsy all day. A psychiatrist needs to manage this patient's psychotropic medications and try a weaning process. Recommendation is for authorization given the patient's prior history of hallucinations.

1 prescription of Xanax 0.25mg: 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: MTUS page 24 states 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 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Xanax is not recommended for long term use. Medical records indicated patient has been prescribed Xanax since 11/28/2012. Recommendation is for denial.

Ambien 12.5mg: Upheld

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

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 Treatment.

Decision rationale: Patient has diagnoses of major depressive disorder and psychological factors due to his chronic pain. Patient has a history of sleep issues and disturbances due to his pain and psychological factors. It is noted in QME dated 11/28/2012 that patient has a history sleep apnea. Medical records show patient has been prescribed Ambien since 11/28/2012. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults. (Buscemi, 2005) (Ramakrishnan, 2007) (Morin, 2007). In this patient, it has been used for more than 24 weeks. Furthermore, there is lack of documentation as to how the patient is doing with insomnia. The patient appears to be quite sedated during the day and it is not known if long-term use of Ambien CR is causing this. Recommendation is for denial.