MAXIMUS Federal Services

Case Number:	CM13-0036827		
Date Assigned:	12/20/2013	Date of Injury:	08/21/1995
Decision Date:	03/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Psychiatry 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:

This case involves a 59 year old male. Date of Injury is 8-21-1995. Diagnoses are cervical disc degeneration, cervical spinal stenosis, and cervical radiculopathy. The patient has had cervical fusion. He has been treated with valium and opiates. He has also been treated with Celebrex, Zyprexa, Cymbalta, Flexeril, synthroid, and Nexium. Records from [redacted] on 4-12-12 indicate a "past medical history of depression". Many of the questionnaires have the depression item not selected. The patient has carried the formal diagnosis of depression in his [redacted] electronic medical record. At issue is the medical necessity of valium, Cymbalta, Celebrex, flexeril and 336 Hydrocodone-Acetominophen 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Valium 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 24 of 127, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The guidelines state that chronic benzodiazepine use is not recommended. Benzodiazepines need to be tapered per guidelines. This patient has been on valium over six weeks. 180 valium 5 mg are not medically necessary.

140 Celebrex 200mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 Page(s): 30.

Decision rationale: CelebrexÂ® is the brand name for celecoxib, and it is produced by Pfizer. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug that directly targets COX-2, an enzyme responsible for inflammation and pain. See Anti-inflammatory medications. See NSAIDs (non-steroidal anti-inflammatory drugs) for specific patient decision-making criteria. Unlike other NSAIDs, celecoxib does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral when patients are being considered for surgical intervention or interventional pain procedures. The typical daily dosage is 200 mg per day, but sometimes as much as 400 mg per day. Within these dosing parameters Celebrex is medically necessary per guidelines.

120 Cymbalta 60mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26.

Decision rationale: Given this patient's diagnosis of depression duloxetine is perfect because it works for pain too. The patient very much needs modalities such as duloxetine and Celebrex to help wean off of valium and opiates. Duloxetine 60 mg #120 is medically necessary.

84 Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26.

Decision rationale: The patient has been on flexeril since at least October 2013. It is recommended only for a short course of therapy, usually days or weeks. Flexeril is not medically necessary per guidelines.

336 Hydrocodone-Acetominophen 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26.

Decision rationale: This patient apparently has been on opiate therapy for a long time. The decision when and how to wean will be incumbent on the prescriber. It appears from the records provided that the hydrocodone is being prescribed according to guidelines including urine drug screening. 336 Hydrocodone-Acetominophen 10/325mg is medically necessary per guidelines.

84 Nexium 40mg: 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 Official Disability Guidelines (ODG) Chapter on Pain (Chronic), section on proton pump inhibitors.

Decision rationale: The patient has well documented diagnosis of GERD in the records provided. Nexium appears to be indicated and medically necessary per guidelines.

90 Zyprexa 2.5mg: 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 ODG -TWC--ODG Treatment Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress states the following about atypical antipsychotics.

Decision rationale: In this particular case it is transparent that the Zyprexa is being used as an augmentation agent to make the Cymbalta work better. This is a time tested and very effective psychiatric medication management technique. It appears that the benefits outweigh the risks of using Zyprexa. The guidelines support Zyprexa. 90 Zyprexa 2.5 mg are medically necessary.