

<b>Case Number:</b>	CM13-0040191		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 47-year-old male sustained a work-related injury to his lumbar spine on 2/5/1999. The mechanism of injury was not provided. He was diagnosed with Major Depression. The patient had a history of failed back syndrome, intrathecal pump implant and chronic oral medication management. According to the progress notes dated 9/16/13, the patient reported tolerating pain pump delivering Morphine, Dilaudid and Clonidine with less nausea and gastrointestinal problems, but was experiencing headaches related to dehydration. He had developed several psychological symptoms secondary to his injury including depression, anxiety, and poor sleep. His psychotropic medications included Effexor, Neurontin, Ambien CR, and Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** In the case of this claimant, the way that the request for Neurontin was worded makes it appear that there is no endpoint. The request seems to be unlimited. Use of Neurontin into perpetuity exceeds guidelines and is not medically necessary.

**Effexor 75 mg XR daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** In this case the patient had depressive and anxiety symptoms and was responding well to Effexor. The way that the request for Effexor XR was worded makes it appear to have no endpoint. The request denotes unlimited Effexor into perpetuity which would exceed guideline limits. Effexor into perpetuity is not medically necessary.

**Ambien CR 12.5 mg:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment guidelines are silent on the issue of the treatment of insomnia. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Please note the following citation: "Patients do better in the long term if medication is stopped after 6 weeks and only Cognitive behavioral therapy is continued during an additional 6-month period is an important new finding. (Morin, 2009)." Because the patient has been on Ambien since at least October 2013, use of Ambien beyond six weeks would exceed guidelines above and be not medically necessary.

**Ativan 1.0 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines California Medical Treatment Utilization Schedule (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). Because the patient has been on Ativan since at least October 2013, use of Ativan beyond six weeks would exceed guidelines above and be not medically necessary.