

Case Number:	CM13-0049424		
Date Assigned:	04/07/2014	Date of Injury:	03/06/2001
Decision Date:	05/23/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for myalgias and/or myositis/fibromyalgia of various body parts reportedly associated with an industrial injury of March 6, 2001. Thus far, the applicant has been treated with analgesic medications, psychotropic medications, transfer of care to and from various providers in various specialties, apparent diagnoses with fibromyalgia and lower extremity neuropathy and the apparent imposition of permanent work restrictions. The applicant does not appear to have returned to work with permanent limitations in place. In a utilization review report of October 7, 2013, the claims administrator denied a request for Effexor, Zoloft, Ativan, and Nexium. The attending provider stated that the documentation on file was sparse and that it was unclear whether these medications were first-time prescriptions or renewal prescriptions. Zoloft was apparently denied on the grounds that SSRIs are not necessarily recommended for chronic pain purposes. The overall utilization review rationale, like the handwritten clinical progress notes, was quite sparse. A June 10, 2013 progress note was handwritten, difficult to follow, not entirely legible. The applicant was apparently having issues with muscle spasm and chronic pain syndrome. The applicant is asked to continue unspecified medications at that point. The applicant's work status was not clearly detailed on this occasion. A subsequent note of September 30, 2013 was again handwritten and extremely difficult to follow. The applicant was described as having neuropathic pain about the feet secondary to diabetes. Overall pain levels were 8/10 without medications and 3-4/10 with medications. A spinal cord stimulator trial was endorsed, along with various prescriptions. The applicant was still having issues with depression, it was seemingly suggested. Operating diagnoses included chronic pain syndrome, fibromyalgia, and diabetic neuropathy. In a December 11, 2013 progress note, also handwritten and difficult to follow, the applicant states

that her medication regimen is working for her. She is still having neck pain, shoulder pain, and headaches, it is suggested. Multiple medications, including Norco and Ativan, are renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EFFEXOR IR 37.5MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 16.

Decision rationale: As noted on page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, Effexor is FDA approved for anxiety, depression, panic disorder, and social phobias and can be employed off-label for fibromyalgia, neuropathic pain, and diabetic neuropathy. In this case, the applicant seemingly has many of the issues for which Effexor is indicated. Specifically, the applicant does have fibromyalgia and diabetic neuropathic pain. Continued usage of Effexor to combat the same is indicated and appropriate, particularly the applicant has stated that the medications are working for her. Therefore, the request is medically necessary.

ZOLOFT 25MG #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Based on the handwritten progress notes on file, it appears that Zoloft was introduced for depression on September 30, 2013. This is far from certain as the documentation is not altogether legible. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants often take weeks to exert their maximal effect. Thus, on balance, continuing Zoloft is likely more appropriate than discontinuing Zoloft, particularly given the recently voiced symptoms of depression raised here. Therefore, the request is medically necessary.

ATIVAN 1MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms of anxiety. They are not, however, recommended for the chronic, long-term, and/or scheduled use purposes such as is being proposed here. In this case, the documentation on file is sparse, handwritten, and difficult to follow. No compelling rationale for a variance from the guideline has been established. Therefore, the request is not medically necessary.

NEXIUM 40MG #60: Upheld

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

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Nexium to combat NSAID-induced dyspepsia, in this case, however, the information on file does not establish the presence of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Accordingly, the request remains not medically necessary, on Independent Medical Review.