

<b>Case Number:</b>	CM13-0060433		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/28/1999
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of May 28, 1999. A utilization review determination dated November 6, 2013 recommends modification of Butrans patch 20 mcg #4, Zoloft 50 mg #15, Abilify 10 mg #15, Elavil 150 mg #30, Celebrex 200 mg #10, and Xanax 0.5 mg #30. The previous reviewing physician recommended modification of Butrans patch 20 mg #4 due to lack of documentation of a specified quantity; modification of Zoloft 50 mg #15, Abilify 10 mg #15, and Elavil 150 mg #30 to allow the provider to figure out which medications are needed and which ones are not; modification of Celebrex 200 mg #10 due to the provider prescribing the medication for acute pain and no documentation why the patient should need a COX II inhibitor versus another NSAID; and modification of Xanax 0.5 mg #30 due to benzodiazepines not being recommended for chronic use and to allow for weaning purposes. A Visit Note dated 7/11/13 identifies the patient is psychiatrically stable and reports that the medications have been helpful. A Progress Report dated October 17, 2013 identifies Subjective complaints of neck and shoulder pain that is constant and achy in character. Her shoulder pain is also constant and achy. She has a right lateral knee pain. Objective findings identify slightly limited ROM of her neck at end range due to myofascial pain. She has slight range of motion limitation in the right knee at end range due to pain. She has a moderate effusion and tenderness to palpation of the lateral joint space of the right knee. Diagnoses identify cervicalgia, pain in joint shoulder region, and pain in joint lower leg. Treatment Plan identifies continue Butrans 20mcg/hr q week #4 for around the clock pain, continue Zoloft 50mg q day #30 for depression, continue Abilify 10mg q day #30 for depression, continue Elavil 150mg q HS #30 for pain, and start Celebrex 200mg BID for 5 days then q day. #45 for acute inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BUTRANS 20 MCG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26-27, 76-79.

**Decision rationale:** Regarding the request for Butrans, California Pain Medical Treatment Guidelines state that Butrans is recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Within the documentation available for review, there is chronic pain. However, there is no mention that the patient underwent detoxification or has a history of opiate addiction. Additionally, there is no indication that the Butrans is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Butrans is not medically necessary.

**ZOLOFT 50MG:** 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): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107.

**Decision rationale:** Regarding the request for Zoloft, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, a recent psychiatric evaluation noted the patient is psychiatrically stable and that medications have been helpful. However, as the patient is on multiple types of medication, it's unclear which specific medication is beneficial to the patient. As such, the currently requested Zoloft is not medically necessary.

**ABILIFY 10 MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER, ARIPIPRAZOLE (ABILIFY)

**Decision rationale:** Regarding the request for Abilify, California MTUS guidelines do not contain criteria for the use of Abilify. ODG states Abilify is not recommended as a first-line treatment. Abilify (aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. Within the information made available for review, a diagnosis of schizophrenia, or any other psychotic disorder is not identified. In the absence of such documentation, the currently requested Abilify is not medically necessary.

**ELAVIL 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** Regarding the request for Elavil, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Elavil provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, or reduction in opiate medication use. In the absence of clarity regarding those issues, the currently requested Elavil is not medically necessary.

**CELEBREX 200 MG:** Upheld

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

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

**Decision rationale:** Regarding the request for Celebrex, Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, there is identification of a high risk of GI complications. There is no indication that Celebrex is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Celebrex is not medically necessary.

**XANAX 0.5 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, BENZODIAZEPINES

**Decision rationale:** Regarding the request for Xanax, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Xanax is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax. Finally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Xanax is not medically necessary.