

Case Number:	CM13-0061789		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2000
Decision Date:	07/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	12/05/2013

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 patient is a 38-year-old female who has filed a claim for depressive disorder associated with an industrial injury date of December 18, 2000. Review of progress notes indicates presence of depression, anxiety, panic attacks, and sleep difficulty. Without Ambien and Ativan, the patient reports inability to sleep for days, and reverting to severe depression. Patient also complains of neck pain radiating to the left upper extremity, and migraine headaches. Findings include a patient in moderate distress, decreased cervical range of motion secondary to pain, tenderness of the cervical area, and presence of trigger points. Treatment to date has included opioids, muscle relaxants, acupuncture, physical therapy, psychiatric consultation, TENS, trigger point injections, 2 surgeries to the right shoulder in 2001 and 2012, and surgery to the left shoulder in April 2013. Utilization review from October 23, 2013 denied the requests for Ativan 0.5mg #60 with 2 refills, Celexa 40mg #30 with 2 refills, venlafaxine 150mg #30 with 2 refills, and Ambien 10mg #30 with 2 refills. Reasons for denial were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 0.5MG #60 (1) TWICE A DAY AS NEEDED (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Patient has been on this medication since June 2013, noted by the urine drug screen performed then. Patient reports that this medication relieves the panic attacks. However, this medication is not recommended for long-term use due to tolerance and the risk of worsening anxiety. Therefore, the request for Ativan 0.5mg #60 with 2 refills is not medically necessary.

CELEXA 40MG #30 1 EVERY AM (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, antidepressants are recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Many treatment plans start with SSRIs. In addition, other medications that are likely to be optimal for most patients include desipramine, nortriptyline, bupropion, and venlafaxine. Patient has been taking this medication since June 2013, as detected in urine drug screens. There is no documentation regarding the severity of patient's depression, or of description of patient's depressive symptoms. Also, there is no documentation regarding use of this medication in the submitted progress notes, or of any benefits being derived from this medication. Therefore, the request for Celexa 40mg #30 with 2 refills is not medically necessary.

VENLAFAXINE 150MG #30 1 EVERY AM (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 45 & 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); SNRIs (serotonin and norepinephrine reuptake inhibitors) Page(s): 15; 105.

Decision rationale: As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain,

especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been taking this medication since June 2013, as detected in urine drug screens. There is no documentation regarding use of this medication as per submitted progress notes, or of any benefit being derived from this medication. Additional information is necessary to support this request. Therefore, the request for venlafaxine 150mg #30 with 2 refills is not medically necessary.

AMBIEN 10MG #30 (1) AT BEDTIME 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Ambien (zolpidem tartrate).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and ODG was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since June 2013. It is noted that this medication helps the patient sleep. However, this is not recommended for long-term use. Therefore, the request for Ambien 10mg #30 with 2 refills is not medically necessary.