

Case Number:	CM13-0063420		
Date Assigned:	05/07/2014	Date of Injury:	07/09/2003
Decision Date:	06/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/08/2013

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 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 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 reported a date of injury of 07/09/2003. Date of UR decision was 11/01/2013 PR from 2/28/2014 stated that subjective complaints of stress were lower since medication was authorized. Anxiety level has increased, she gained 9lbs due to wine consumption to control pain. She has been receiving CBT, hypnotherapy, biofeedback. Diagnosis given to injured worker are Chronic Pain Syndrome; Major Depressive ds, single episode, moderate; Generalized Anxiety ds, moderate and Panic ds with agoraphobia; mild to moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY OFFICE VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines - Treatment For Workers' Compensation (ODG-TWC), Pain Procedure Summary

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, Office Visits Stress Related Conditions

Decision rationale: Per ODG recommendations, office visits should be encouraged but patient outcomes are achieved with eventual patient independence from the health care system

through self care as soon as clinically feasible. The above stated request does not specify the tentative number of visits requested, the frequency of visits, goals of treatment etc. Therefore, the request for quarterly office visits is not medically necessary and appropriate.

ADDERAL 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/adderall.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Adderall® (Amphetamine, Dextroamphetamine Mixed Salts).

Decision rationale: Per FDA, ADDERALL® (amphetamine, dextroamphetamine mixed salts) is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy. The injured worker does have ADHD or narcolepsy. The use of adderall for the injured worker seems to be "off label". Therefore, the request for adderall 5 mg is not medically necessary and appropriate.

CYMBALTA 60MG 2 PER DAY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN,.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress And Mental Illness, Duloxetine.

Decision rationale: ODG states " Recommended. Duloxetine (Cymbalta), an inhibitor of serotonin and norepinephrine reuptake, has been approved for the treatment of major depressive disorder. Based on the above recommendations, ODG warrants the use of Cymbalta. Therefore, the re Duloxetine has been shown to be effective in the treatment of first and subsequent episodes of major depressive disorder, and regardless of duration of the current depressive episode. Cymbalta (duloxetine hydrochloride), indicated for treatment of major depressive disorder and diabetic peripheral neuropathic pain. Therefore, the request for Cymbalta 60 mg 2 per day, #120 is medically necessary and appropriate.

LORAZEPAM 1MG ONCE DAILY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINE, WEANING OF MEDICATIONS Page(s): 24, 124.

Decision rationale: The guidelines state "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving ativan with no documented plan of taper. The guidelines state that the use of benzodiazepines should be limited to 4 weeks. The guidelines also talk about Benzodiazepine: Tapering is required if used for greater than 2 weeks. Therefore, the request for lorazepam 1 mg, unknown quantity is not medically necessary and appropriate.

LUNESTA 3MG 2 AT HS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28; 47 (1203); 17-9 Eszopiclone (Lunesta), A New Hypnotic. (No Authors Listed).

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

Decision rationale: The injured worker has been on Lunesta for greater than 6 months. According to the guidelines, medications are not recommended for long term treatment of insomnia and also Lunesta has potential for abuse, dependency, withdrawal and tolerance. Therefore, the request for Lunesta 3mg 2 at hs is not medically necessary and appropriate.