

Case Number:	CM14-0002656		
Date Assigned:	01/29/2014	Date of Injury:	08/23/1999
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 female who sustained injury on 8/23/1999. The diagnoses are post laminectomy lumbar syndrome, lumbar radiculopathy and neuropathy. There are associated diagnoses of insomnia and anger issues. The MRI of lumbar spine showed degenerative disc disease and spinal stenosis. The patient reported a 50% reduction in pain following PT in 2013. There was a greater than 50% reduction in pain following epidural steroid injection in 2010. On 10/9/2013, the patient complained of low back pain associated with numbness and burning sensations. She was angry and crying during the office visit. The objective findings were positive Straight Leg Raising test, muscle spasm and difficulty ambulating with a walking cane. There was a Pain Contract on file. The UDS was reported as consistent. The medications are Morphine and Flector patch for pain, Robaxin and Baclofen for muscle spasm, Lunesta for sleep, Elavil, trazodone and Klonopin for depression, anxiety and sleep. Benazepril for the treatment of hypertension or other indications not specified. A Utilization Review determination was rendered on 1/2/2014 recommending modified certifications for Elavil 10mg 3 at night #90, trazodone 50mg #40 to #20, Klonopin 0.5mg #40 for weaning and Benazepril 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELAVIL 10MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 13-16.

Decision rationale: The CA MTUS recommend that antidepressants be used as first-line options for neuropathic pain. Antidepressants can also be beneficial for the treatment of non neuropathic pain in patients with co-existing anxiety, depression, insomnia or other psychosomatic symptoms. The record indicates the presence of co-existing insomnia, anxiety, anger and depression. On the 10/9/2013 office visit, the patient was angry, crying and frustrated because of the severe neuropathic pain that was causing ambulation difficulty. The criteria for the use of Elavil 10mg 3 at night #90 was met.

KLONOPIN 0.5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 78.

Decision rationale: The CA MTUS addressed the use of benzodiazepines in the treatment of anxiety and chronic pain. The guidelines recommend that the use of benzodiazepines be limited to a maximum of 4 weeks because of the rapid development of tolerance, dependency and addiction. A more appropriate treatment for chronic pain associated anxiety disorder is an antidepressant with anxiolytic properties such as Cymbalta. The record indicates that the patient was still complaining of significant anxiety, anger, and insomnia despite chronic treatment with Klonopin. The criteria for the use of Klonopin 0.5mg was not met.

TRAZADONE 50MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 24, 78.

Decision rationale: The CA MTUS and the ODG addressed the use of benzodiazepines for the treatment of anxiety and insomnia associated with chronic pain syndrome. It is recommended that the use of benzodiazepines be limited to periods of less than 4 weeks because of rapid development of tolerance, dependency and addiction. There is increased incidence of severe adverse effects in patients who are utilizing multiple sedatives and pain medications. The record indicates that the patient is utilizing morphine, sedative muscle relaxants, Lunesta, Klonopin and Elavil in addition to the trazodone. The criteria for the treatment with trazodone 50mg was not met.

BENZAEPRIIL HCL40MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.

Decision rationale: The CA MTUS did not address the use of Benazepril medication. The FDA and Drugs.com lists the indications for the use of Benazepril treatment of hypertension and prevention of diabetic, hypertensive neuropathy. Benazepril ia an ACE inhibitor. The record did not clarify the indication for the use of Benazepril or relationship to the injury sustained on 8/23/1999. The criteria for indication for treatment with Benazepril 40mg #30 was not met.