

<b>Case Number:</b>	CM14-0004039		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 54 year old female who sustained an injury on 11/01/02. No specific mechanism of injury was documented. It appears that the patient's injuries were due to cumulative trauma which resulted in multiple surgical interventions for the shoulders, elbows, and cervical spine. The patient also developed ongoing psychological complaints due to chronic pain. The patient was attending individual psychotherapy on a weekly basis in 2013. Multiple medications for this patient were noted to include Abilify, Aplezin, Deplin, Trazadone, Flexeril, Flector patches, Oxycontin, Oxycodone, Dulcolax, and Metamucil. There was a psychiatric reevaluation report from 09/25/13 which reported continuing weakness in the upper extremities with associated numbness and tingling. The patient described having difficulty holding objects. The patient continued with individual therapy once weekly and continued psychotropic medications. The patient had limited ability to perform normal activities of daily living. Psychological testing noted a moderate to strongly inconsistent response pattern. Average levels of depression were reported. The patient reported pain 9/10 on the Visual Analogue Scale (VAS). The patient's appearance and behavior indicated pervasive anxiety, nervousness, and irritability. There was evidence of anxiety, apprehension, depression, hopelessness, and desperation. The patient was cognitively intact. The patient was diagnosed with major depression, chronic and extended as well as anxiety disorder. A clinical report from 10/28/13 discussed the patient's severe depression and pain symptoms. The patient was utilizing Aplezin and Abilify as well as Deplin and Trazadone for depression as well as Trazadone for sleep. The patient was continued with Flexeril, Flector patches, Oxycontin, and Oxycodone for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APLENZIN 348 MG. # 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27.

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

**Decision rationale:** In regards to the use of Aplenzin 348mg, quantity 30, this reviewer recommends this medication as medically necessary. The clinical documentation clearly establishes a long history of depression and anxiety for this patient with chronic pain. Aplenzin is indicated in the treatment of major depressive disorder as defined by the DSM manual. Given the patient's chronic and severe depression symptoms as noted on physical examination, this reviewer recommends this medication for the treatment of ongoing clinical depression in this patient.

**ABILIFY 5 MG #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Acupuncture Treatment Guidelines.

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

**Decision rationale:** In regards to the use of Abilify 5mg, quantity 30, this reviewer recommends this medication as medically necessary. The patient has been followed for chronic and severe clinical depression as well as anxiety. Abilify is a psychotropic medication indicated in the treatment of major depressive disorder. Given the patient's continuing and severe clinical depression, this reviewer recommends this medication as medically necessary.

**DEPLIN 15 MG #30:** Upheld

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

**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, Medical Food

**Decision rationale:** In regards to the use of Deplin 15mg, quantity 30, this reviewer does not recommend this medication as medically necessary. Deplin is a medical food containing L-Methylofate. The clinical record does not identify any nutritional loss that has been attributed to the patient's clinical depression that would require the use of this medical food. Overall, medical

foods are considered experimental and investigational in the treatment of both chronic pain and psychological problems. Without any clear rationale as to the use of this medication, this reviewer does not recommended this medical food as medically necessary.

**TRAZADONE 50 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** In regards to the use of Trazadone 15mg, quantity 60, this reviewer does not recommend this medication as medically necessary based on the clinical documentation submitted as well as current evidence based guidelines. The patient was being prescribed Trazadone for sleep; however, the clinical records did not discuss what if any positive effect Trazadone had on the patient's sleep habits. The patient's sleep patterns were not specifically discussed in the clinical records available for review. Without any indication that Trazadone had been effective for this patient, this reviewer does not recommend this medication as medically necessary.

**FLEXERIL 10 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** In regards to the use of Flexeril 10mg, quantity 30, this reviewer does not recommend this medication as medically necessary. Flexeril is a muscle relaxant which is not recommended for chronic use in patients with chronic musculoskeletal pain. At most, Flexeril is recommended as a medication to address acute flare ups of musculoskeletal conditions. This was not indicated in the clinical record. Given the absence of any clear evidence of flare ups or exacerbation of the patient's chronic pain symptoms, this reviewer does not recommend this medication as medically necessary.

**FLECTOR PATCHES #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** In regards to the use of Flector Patches, quantity 60, this reviewer does not recommend this medication as medically necessary. The clinical documentation did not discuss any contraindications or intolerance to standard oral medications. As current evidence based guidelines consider most topical medications as experimental and investigational due to the lack of evidence within the clinical literature regarding their efficacy, its use in this patient was not supported by the clinical records. Therefore, this reviewer does not recommend this medication as medically necessary.

**OXYCONTIN 10 MG #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria For Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Oxycontin 10mg, quantity 150, this reviewer does not recommend this medication as medically necessary. The patient did not present with any clear functional benefits or pain reduction attributed to the use of this medication. The patient's pain scores were very high at 9/10 on the Visual Analogue Scale (VAS). There was no evidence of any substantial functional improvement. Given the lack of documentation regarding any substantial functional improvement or pain relief, this reviewer does not recommend this medication as medically necessary. Furthermore, the clinical documentation did not contain any recent toxicology results or long term opioid risk assessments as compliance measures which would be recommended by guidelines for this medication.

**OXYCODONE 10 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Oxycodone 10mg, 120 tablets, this reviewer does not recommend this medication as medically necessary. The clinical documentation submitted for review did not identify any substantial functional benefits to this medication or any substantially reduced pain. The patient's pain scores were very high at 9/10 on the Visual Analogue Scale (VAS). Given the lack of any clear indications that this medication was providing any functional benefit or pain reduction for the patient, this reviewer does not recommend this medication as medically necessary. Furthermore, it is also noted that there were no compliance measures such as toxicology results or long term opioid risk assessments which would be appropriate for this medication per guidelines.

**DULCOLAX 250 MG #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation DULCOLAX. (2013). In Physicians' Desk Reference  
67th Ed.

**Decision rationale:** In regards to the use of Dulcolax 250mg, 180 tablets, this reviewer does recommend this medication as medically necessary. The patient was actively taking narcotics to include both Oxycontin and Oxycodone. A known complication of chronic narcotics use is the development of constipation for which Dulcolax is an appropriate treatment. Given the risk factors for opioid induced constipation, this reviewer does recommend ongoing use of this medication.