

Case Number:	CM14-0004287		
Date Assigned:	02/05/2014	Date of Injury:	09/02/1994
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	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 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 [REDACTED] employee who has filed a claim for lumbago, depression/anxiety, myofascitis of the thoracic spine, and neuralgia associated with an industrial injury of September 02, 1994. Thus far, the patient has been treated with opioids, sedatives, antidepressants, exercises, and Toradol injection. Currently, the patient is on Lortab, Trazodone, Miralax and Amitiza. A review of progress notes reports that patient is stable on limited medications, enough to allow for most ADLs, some walking, and stretching. The utilization review dated December 24, 2013 indicates that the claims administrator denied a request for Citalopram, Polyethylene Glycol Powder, Abilify, Amitiza, and Trazodone as tricyclic antidepressants are recommended as first-line for neuropathic pain, and various sleeping medications are not recommended for long-term use. A note dated December 26, 2013 indicates that the Citalopram is used to deal with anxiety/depression associated with the underlying injury. Polyethylene glycol in combination with Amitiza allows the patient to have normal bowel movements as patient is taking some medications which can cause constipation, although attempting to avoid narcotics. Trazodone is effective in helping the patient sleep and is a non-narcotic. Lastly, Abilify is used to augment the effects of Citalopram which had shown to be effective.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF CITALOPRAM TAB 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress chapter, Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, 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. The patient has been on this medication since at least June 2013. However, there is no documentation regarding the severity of patient's depression or anxiety symptoms to provide evidence necessary for the continuation of this medication. Therefore, the request for Citalopram was not medically necessary per the guideline recommendations of ODG.

PHARMACY PURCHASE OF POLYETH GLYC POW 3350 NF #527: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation National Library of Medicine Website

Decision rationale: As stated in page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to the National Library of Medicine, polyethylene glycol 3350 is used to treat occasional constipation. The patient has been on this medication since December 2013. A chart note dated December 26, 2013 indicates that patient experiences constipation with use of Lortab for which polyethylene glycol was effective in providing normal bowel movements. This is a reasonable medication to manage this patient's constipation associated with opioid use. Therefore, the request for polyethylene glycol powder is medically necessary at this time.

PHARMACY PURCHASE OF ABILIFY TAB 5 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress chapter, Aripiprazole (Abilify) and the FDA (Abilify)

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG and FDA were used instead. ODG states that Aripiprazole (Abilify) is an antipsychotic medication for the first-line psychiatric treatment for schizophrenia. The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. In this case, the patient experiences symptoms of anxiety and depression. The patient has been on this medication since at least June 2013. However, there is no documentation as to the severity of the depression to provide evidence for use of this medication as an adjunctive therapy. Therefore, the request for Abilify was not medically necessary per the guideline recommendations of ODG and FDA.

PHARMACY PURCHASE OF AMITIZA CAP 8 MCG # 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As stated in page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to ODG, Lubiprostone is recommended only as a possible second-line treatment for opioid-induced constipation. The patient has been on this medication since July 2013. There is no documentation regarding constipation in the progress notes. This medication is being used in combination with polyethylene glycol for constipation. However, there is no clear indication as to why a combination of two medications for constipation is necessary in this patient at this time. There is no indication that patient is unable to have normal bowel movements on polyethylene glycol alone. Therefore, the request for Amitiza was not medically necessary per the guideline recommendations of California MTUS and ODG.

PHARMACY PURCHASE IF TRAZODONE TAB 100 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter, Trazodone (Desyrel).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. ODG recommends Trazodone as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone has also been used successfully in fibromyalgia. Patient has

been on this medication since June 2013. There is no documentation in the progress notes describing the sleep issues. Additional information is necessary at this time to provide support for the necessity of this medication. Therefore, the request for Trazodone was not medically necessary per the guideline recommendations of ODG.