

Case Number:	CM14-0104009		
Date Assigned:	07/30/2014	Date of Injury:	04/26/2011
Decision Date:	09/26/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Internal 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 injured worker is a 64-year-old male injured on 04/26/11. The mechanism of injury is undisclosed. Diagnoses included cervical spine strain/sprain with multilevel spondylosis, posterior shoulder/mid back strain, bilateral shoulder subacromial bursitis, and biceps tendinitis, bilateral DeQuervain's stenosing tenosynovitis, marked thoracic kyphosis, status post lumbar decompression, and bilateral hip strain. Clinical note dated 06/02/14 indicated the injured worker complaining about shoulder, bilateral wrist, and thumb, low back, and bilateral hip pain. The injured worker also complained of depression, anxiety, stomach upset, difficulties with urination, sexual difficulty, and difficulties with sleeping. Clinical note dated 06/05/14 indicated the injured worker reporting excellent relief from T9 through T11 intercostal nerve block for approximately one month. The injured worker reported severe recurrent right low back pain with muscle spasm increased with walking. Medications included Oxycontin 60 milligrams every six hours, Ativan 1 milligram every twelve hours, Norco 10/325 milligrams every five hours, Neurontin 300 milligrams three times daily. Clinical note dated 07/05/14 indicated the injured worker presented complaining of being in misery. The injured worker reported tolerating medications and felt that Ativan was more helpful than Hydroxyzine. The injured worker reported using Hydroxyzine once daily at night, reported good relief with Effexor, and sleep improvement on Trazadone. Treatment plan included decreased visceral to 25 milligrams by mouth at bedtime as needed for anxiety, Effexor extended release (XR) 225 milligrams by mouth once daily, Trazadone 50/100 milligrams at bedtime. The initial request for Hydroxyzine hydrochloride quantity sixty fifteen day supply, Trazadone hydrochloride 50 milligrams quantity sixty thirty day supply, and Venlafaxine extended release (ER) 75 milligrams quantity ninety thirty day supply was noncertified on 06/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroxyzine HCL QTY: #60 15-days supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov.

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

Decision rationale: As noted in the Official Disability Guidelines, Hydroxyzine is often utilized to treat anxiety in patients with chronic pain; however, this is not a United States Federal Drug Administration (FDA) approved use of this medication. As such, the request for Hydroxyzine hydrochloride quantity sixty fifteen day supply cannot be recommended as medically necessary.

Trazadone HCL 50mg QTY: 60 30-days supply: Overturned

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

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

Decision rationale: As noted in the Official Disability Guidelines, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. It is also noted that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The injured worker reported improvement in sleep with the use of the medication. As such, the request Trazadone hydrochloride 50 milligrams quantity sixty thirty day supply is recommended as medically necessary.

Venlafaxine ER 75mg QTY: 90 30-days supply: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor (Venlafaxine) Page(s): 45.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, Effexor is recommended as an option in first line treatment of neuropathic pain. Additionally, it has Food and Drug Administration (FDA) approval for treatment of depression and anxiety disorders. The injured worker has documented symptoms associated with depression indicating the need for

pharmaceutical intervention. As such, the request for Venlafaxine extended release (ER) 75 milligrams quantity ninety three day supply is recommended as medically necessary.