

Case Number:	CM14-0018046		
Date Assigned:	05/05/2014	Date of Injury:	03/17/2008
Decision Date:	07/09/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 Physician 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:

This patient is a 59-year-old female with a date of injury of 03/17/2008. The listed diagnoses according to [REDACTED] are: 1) Bilateral rotator cuff symptoms; 2) De Quervain's symptoms; 3) Bilateral CTS; 4) Bilateral ulnar neuropathy; 5) Cervicalgia; 6) Left shoulder surgery, 11/09/2010, and 7) GERD. According to the 11/14/2013 progress report by [REDACTED], the patient presents with chronic bilateral shoulder, arm, elbow, and wrist pain. She has pain within the palm radiating up into the forearm. EMG revealed bilateral moderate CTS. It was noted that current analgesics minimized pain but not optimal for her symptoms. The patient states her left shoulder is progressively getting worse with constant pain. The patient's current medication regimen includes Savella 12.5 mg, Opana ER 5 mg, hydromorphone 2 mg, Celebrex 20 mg, Lidoderm patches 5%. It was noted that the patient has also been prescribed Xanax, Seroquel, and Pristiq by [REDACTED]. Review of systems notes overall patient's functional status is 5.5/10, pain control is unnoted. The request is for Pristiq 50 mg, quetiapine fumarate 25 mg, and alprazolam 0.25 mg. Utilization review denied the requests on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRISTIQ 50MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS Guidelines on antidepressants Page(s): 13-15.

Decision rationale: This employee presents with bilateral shoulder, arm, elbow, and wrist pain. The treating provider is requesting Pristiq 50 mg. Utilization review denied the request stating there is no documentation of alternatives tried or weaning attempts. The MTUS Guidelines on antidepressants, page 13 to 15, states "recommended as a first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated." In this case, the employee presents with neuropathic pain and depression. The treating provider has noted the employee's emotional status, depressed, and psychological problems have decreased since using this medication. Recommendation is for approval.

QUETIAPINE FUMARATE 25MG: Upheld

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), SECTION PTSD PHARMACOTHERAPY.

Decision rationale: This employee presents with bilateral shoulder, arm, elbow, and wrist pain. The treating provider is requesting Quetiapine fumarate 25 mg. The ACOEM and MTUS do not discuss Seroquel specifically. However, the ODG guidelines have the following regarding atypical antipsychotic medications: "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. See PTSD pharmacotherapy. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm." In this case, the ODG does not recommend this medication. The benefits are noted as "small to nonexistent" with "abundant evidence of potential treatment-related harm." Recommendation is for denial.

ALPRAZOLAM 0.25MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This employee presents with bilateral shoulder, arm, elbow, and wrist pain. The treating provider is requesting alprazolam 0.25 mg. The MTUS guidelines page 24 states, "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." Medical records indicate this employee has been taking this medication since 10/16/2013. The MTUS guidelines do not support long term use of benzodiazepines. Recommendation is for denial.