

Case Number:	CM14-0018317		
Date Assigned:	04/18/2014	Date of Injury:	09/26/2005
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 applicant is a represented [REDACTED] construction worker who has filed a claim for chronic low back pain, shoulder pain, and depression reportedly associated with an industrial injury of September 26, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple shoulder surgeries; a lumbar fusion surgery; spinal cord stimulator implantation; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated February 4, 2004, the claims administrator denied a request for Valium, denied a request for Dilaudid, approved a urine drug screen, and partially certified a request for Cymbalta. Cymbalta was certified owing to the applicant's issues with depression, anxiety, and chronic pain, while the opioids were denied on the grounds that the applicant had a history of opioid dependence. The applicant's attorney subsequently appealed. An April 7, 2014 progress note was notable for comments that the applicant was having persistent low back pain and radicular complaints despite the spinal cord stimulator implantation. The applicant was asked to increase diazepam or Valium to three time daily use purposes. The applicant was asked to continue Dilaudid at an increased rate owing to a recent oral surgery on April 9, 2014. Cymbalta was being prescribed as an antidepressant, it was stated. The applicant's pain levels were 8/10. The applicant was avoiding going to work, socializing, exercising, and/or participating in recreation because of pain. The applicant stated that the medications were taking the edge off of the pain. The applicant requested continued diazepam to manage his anxiety. On April 3, 2014, the applicant was given a diagnosis of somatoform disorder by a psychiatric medical-legal evaluator. On April 7, 2014, the applicant's medical treating provider stated that the applicant should continue slow detoxification off of Dilaudid. The applicant was described as having persistent complaints of anxiety, it was further noted. In a mental health note dated February 4, 2014, the applicant stated that he did not want to

continue with a functional restoration program. The applicant stated that his mental health complaints were seemingly worsened. The applicant's Global Assessment of Functioning was 50. Cymbalta and Klonopin were endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DIAZEPAM 2MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 5, page 402, anxiolytics such as diazepam or Valium may be appropriate for brief periods in cases of overwhelming symptoms, to allow an applicant with the ability to recoup emotional or physical resources. Anxiolytics such as diazepam, however, are not recommended as first-line therapy for stress-related conditions. In this case, the attending provider is seemingly employing Valium on a chronic and scheduled use basis. This is not an approved indication according to the ACOEM Guidelines. It is further noted that the applicant's complaint of anxiety, suicidal ideation, and panic attacks have seemingly persisted despite chronic, long-term diazepam usage. Thus, it does not appear that diazepam or Valium has been effective here. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF DILAUDID 8MG #90: Upheld

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

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

Decision rationale: Dilaudid is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to meet any of the aforementioned criteria. The applicant remains off of work, on total temporary disability. The applicant has not seemingly worked in several years. The applicant's ability to perform activities of daily living is reduced. The applicant is unable to perform even basic activities of daily living, the attending provider has written on several occasions. On balance, then, it does not appear that usage of opioids, including Dilaudid have been beneficial here. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF CYMBALTA 60MG #30 WITH 4 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Page(s): 15.

Decision rationale: As noted in the ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Cymbalta take weeks to exert their maximal effect. In this case, it was explicitly stated by the attending provider the applicant was using Cymbalta primarily for depression, while other progress notes stated that the applicant was using Cymbalta for a combination of depression and pain. While page 15 of the MTUS Chronic Pain Guidelines, does acknowledge that Cymbalta is FDA approved for depression and can be used off label for pain purposes, as noted previously, the applicant does not appear to have achieved any meaningful benefit or functional improvement despite ongoing usage of Cymbalta, in terms of reduction of opioid consumption, improvement in function, reduction in depression, reduction in anxiety, reduction in frequency and severity of panic attacks, etc. Therefore, the request is not medically necessary owing to a lack of documented functional improvement.