

Case Number:	CM14-0018911		
Date Assigned:	02/18/2014	Date of Injury:	06/17/1997
Decision Date:	02/28/2014	UR Denial Date:	01/20/2014
Priority:	Expedited	Application Received:	02/14/2014

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 Psychiatry and Neurology, has a subspecialty in Geriatric Psychiatry and Addiction 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 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 397 pages of administrative and medical records. The claimant is a 53 year old male whose date of injury was 06/27/1997. His psychiatric diagnosis is major depressive disorder. He was employed as a mechanic technician. His injury occurred when a large band saw tipped toward him causing back injury. He has since undergone several back surgeries resulting in the diagnosis chronic regional pain syndrome. He continues to report severe pain in the low back radiating into the right lower extremity, occasional radicular pain in his left leg extending to his knee, numbness in the buttock and toes of his right foot, and frontal headaches. He received implantation of an intrathecal pump in 2003 with revision on 7/30/12. On 04/02/13 the PR2 describes the patient as having a partial response in the form of sleeping better with medication than without but still disrupted by pain, but still poor, however this worsened by report of 08/21/13. There are no psychiatric evaluations provided with these records. [REDACTED], [REDACTED] has been requesting ongoing medication management with psychotherapy and it appears that she has been prescribing his alprazolam, diazepam, Seroquel, and zolpidem. [REDACTED] monthly PR2's consistently show the patient's mood as sad, depressed, and anxious. He has been told [REDACTED] that he must work at home, and feels that he faces tremendous pressure. She recommends psychotherapy to cope with sequelae of his industrial injury. There is no mention of any psychotherapy already provided, or the results thereof. [REDACTED] feels that the patient is in grave danger of requiring inpatient hospitalization for medical reasons as he is having difficulties getting his medications. In a letter from [REDACTED] of 01/28/14 she reports that the patient had a pain flare up so severe that it required an emergency visit, rather than hospitalization, to receive an injection of Dilaudid. She did not describe the patient's psychiatric status. In a letter of 02/11/14 [REDACTED] writes that the patient is facing an imminent and serious threat to his health should his psychiatric care, including his prescribed psychotropic medications...be withdrawn as "not medically necessary. Again, she

does not describe what the psychiatric threat to his health is in any detail. He has been prescribed alprazolam, diazepam, and zolpidem since at least 02/21/12 (alprazolam to be alternated with diazepam for anxiety), and Seroquel since at least 12/2012, per records provided. He continues on Cymbalta 60mg for neuropathic pain. I could find no explanation for the prescribing of the Seroquel. There is no further description of the patient's depression and anxiety, and there are no scales or other metrics to validate same, nor is there any documentation of the efficacy, or lack thereof, of the medications prescribed. She simply describes the patient as being in severe pain and facing more pressure being told that he has to work from home. He feels helpless and fears the loss of his Social Security income. There is a letter from the claimant dated 02/11/14 in which he states that due to his wife's death he is raising his son alone and psychiatric care and psychotropic medications "are essential to keep me out of hospital". He goes on to report that has no help in his house with housekeeping, his physical functioning is at a low level, and pain is greatly worsened when he overdoes physically. Her notes accompanying the PR2's consistently show the patient's problem/condition as improving, however she does not articulate in what aspect. In terms of pain management the patient has an intrathecal pump with Fentanyl and uses Norco for breakthrough pain. He is also prescribed Flexeril and Lyrica. ■■■■■ is also prescribing Marinol for appetite and nausea, and Provigil for drowsiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management and psychotherapy weekly visits; QTY: 52 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Mental Health & Stress, Cognitive behavioral therapy for depression; Mental Health & Stress, Office Visits

Decision rationale: According to CA-MTUS guidelines, cognitive behavioral therapy is recommended for the identification and reinforcement of coping skills. There is no description in records provided of any CBT that the patient may have received to date. There are no scales or metrics documented to show the patient's progress, deterioration, or stasis in his depression or anxiety. The reports provided do not describe the patient's depression or anxiety in any depth other than helplessness and fear of losing his income. ■■■■■ reports improvement in condition, however she does not provide any elucidation of what this means on an ongoing basis. Given this, the request for psychotherapy is denied.

Alprazolam 1mg; QTY: 60: Upheld

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

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

Decision rationale: The patient has been on alprazolam since approximately 04/2012, having been prescribed to alternate with diazepam for his anxiety. The is being prescribed in conjunction with diazepam, triazolam, and zolpidem. There is no documented report of its efficacy in treating his anxiety. In addition, per CA-MTUS benzodiazepines are not recommended for long term use due to unproven long-term efficacy and risk of dependence, with guidelines limiting use to 4 weeks. He is at greater risk to problems of benzodiazepine dependence, amnestic responses, cognitive dysfunction, psychomotor impairment, falls, etc. due to being prescribed multiple benzodiazepines. Clearly this patient has been on this benzodiazepine, in conjunction with diazepam, for almost 2 years. CA-MTUS further states that long-term use of benzodiazepines may actually increase anxiety, and a more appropriate treatment for an anxiety disorder is an antidepressant. The patient is currently on Cymbalta 60mg for neuropathic pain, which will provide the dual action of acting as an antidepressant and anxiolytic. As such, this request is denied.

Diazepam 5mg; QTY: 90: Upheld

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

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

Decision rationale: The patient has been on diazepam since approximately 04/2012, along with alprazolam for his anxiety. There is no documented report of its efficacy in treating his anxiety. This is being prescribed in conjunction with alprazolam, triazolam, and zolpidem. In addition, per CA-MTUS benzodiazepines are not recommended for long term use due to unproven long-term efficacy and risk of dependence, with guidelines limiting use to 4 weeks. He is at greater risk to problems of benzodiazepine dependence, amnestic responses, cognitive dysfunction, psychomotor impairment, falls, etc. due to being prescribed multiple benzodiazepines. Clearly this patient has been on this benzodiazepine, in conjunction with alprazolam, for almost 2 years. CA-MTUS further states that long-term use of benzodiazepines may actually increase anxiety, and a more appropriate treatment for an anxiety disorder is an antidepressant. The patient is currently on Cymbalta 60mg for neuropathic pain, which will provide the dual action of acting as an antidepressant and anxiolytic. As such, this request is denied.

Seroquel 100mg; QTY: 90: 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 Mental Health & Stress, Quetiapine (Seroquel)

Decision rationale: It is unclear from records provided the reason for which Seroquel was prescribed for this patient. Per ODG, the addition of an atypical antipsychotic, such as Seroquel, provides limited improvement in depressive symptoms. Given the lack of clarity from the

records as to why this drug was initiated and lack of ongoing notation as to its effect its further use cannot be authorized.

Triazolam 0.25mg; QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) Mental Health & Stress, Insomnia

Decision rationale: The patient is being prescribed triazolam, another benzodiazepine, in conjunction with the zolpidem and the benzodiazepines alprazolam and diazepam. The risks of multiple benzodiazepines has already been described above. He has been on this medication since approximately 2012. His documented difficulties include disturbance due to severe pain. ODG guidelines state that treatment should be based on etiology, with the medications listed therein. To begin with, it would appear that this man's insomnia is related to awakening due to severe pain, and as such the pain should be adequately managed and treated rather than approaching his sleep. The necessity at that point for a sedative-hypnotic could then be reassessed. Further, Triazolam has been relegated to a tertiary position as a sleeper because of its high propensity to produce anterograde amnesia. Given this gentleman's inordinate load of benzodiazepines the addition of another sedative-hypnotic such as triazolam would be contraindicated, especially in light of the need to care for the needs of a young child during the night. As such, the request is denied.

Housekeeping for a minimum of 20 hours per week; QTY: 52 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The guideline indicates home services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Although this patient is homebound and reports that he takes care of his son without assistance, there is no documented need for this specific service. As such, based on records provided, medical necessity cannot be established and the request is denied.

Marinol 5mg; QTY: 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 Procedure summary-Pain summary of medical evidence, Cannabinoids

Decision rationale: CA-MTUS does not address Marinol. ODG notes that for every disease and disorder for which marijuana has been recommended, there is a better, FDA-approved medication. (Gitlow, 2013) An RCT of smoked marijuana and oral dronabinol (tetrahydrocannabinol; THC) showed that both produce an analgesic effect, but this effect lasts longer with dronabinol, and it is less subject to abuse. Reported advantages to smoked marijuana are its faster onset and the relative ease with which doses can be managed, but it is not always safe or feasible to smoke marijuana. In addition to the cardiopulmonary risks this carries, smoking anything is not acceptable, such as on an airplane or at work. On the other hand, dronabinol is not approved for pain, only for chemotherapy-induced nausea and AIDS-related weight loss. And, the recommended doses (2.5 mg to 5 mg) are much lower than those used in this study (10 mg to 20 mg) that seemed to have an effect on pain. There is no documentation provided by ████████ to show that other treatments have been attempted and failed, and no functional benefit has been shown with this agent. As such this request is denied.

Provigil 200mg; QTY: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Procedure summary-pain summary of medical evidence, Modafinil (Provigil)

Decision rationale: As noted in ODG, Provigil is not recommended to counteract sedation due to opiates, and as such a reduction in opiate dosage should be considered prior to the addition of stimulants. ████████ prescribed this medication solely for the purpose of drowsiness. Its primary use in clinical practice is for excessive daytime sleepiness associated with narcolepsy. Consultation with pain management regarding the above would be indicated prior to further consideration of this medication. As such this request is denied.

Zolpidem 10mg; QTY: 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health & Stress, Insomnia, Zolpidem (Ambien)

Decision rationale: Per ODG guidelines, zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). The patient is being prescribed zolpidem in conjunction with the benzodiazepines triazolam, alprazolam and diazepam. The risks of multiple benzodiazepines has already been described above. He has been on this medication since approximately 2012. [REDACTED] documentation shows that the patient's sleep difficulty is related to awakening due to severe pain. There is no mention of sleep onset difficulty. As such the pain should be adequately managed and treated, following that the necessity for a sedative-hypnotic could then be reassessed. I find no evidence from records provided of functional benefit from its use. As such, the request is denied.