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| Case Number: | CM14-0019772 | | |
| Date Assigned: | 04/28/2014 | Date of Injury: | 10/21/2010 |
| Decision Date: | 07/08/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 Physical Medicine and Rehabilitation 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 61 year old female who reported an injury on 10/21/2010. On 01/24/2014 the injured worker had a progress report indicating an examination with findings of depression, pain and sleep disturbance. It was documented that Wellbutrin had not been helpful. The treatment included a prescription for Cymbalta, Estazolam with refills. There was not a request for authorization for medical treatment provided with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYMBALTA 30MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 44.

Decision rationale: Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, fibromyalgia and chronic musculoskeletal pain and is used off-label for neuropathic pain and radiculopathy. The injured worker reported pain, but documentation fails to indicate what type of pain, rate of pain, factors that improve symptoms or worsen them, nor does the documentation address pain medications currently being used. The documentation reported complaints of

depression, but the evaluation does not indicate a depression diagnosis in the evaluation. Therefore, due to lack of supportive documentation the request is not medically necessary and appropriate.

ESTAZOLAM 2MG #30: 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): 60.

Decision rationale: Estazolam is a benzodiazepine and the CA MTUS Chronic Pain Medical Treatment Guidelines recommend benzodiazepines for relief of pain. Use of these medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. The documentation provided does not adequately address the medical necessity to outweigh the risk with using Estazolam as part of the treatment plan. In addition the progress report only lists one medication used for the injured worker's symptoms that was reported as not helpful, but it fails to document the dose of that medication or how long it was tried before discontinuing. The injured worker has been on this Benzodiazepine since 05/16/2013 and has no documentation that it is effective nor does it have a treatment stop plan since it is only recommended for temporary treatment. Therefore, according to the guidelines the request for Estazolam is not medically necessary and appropriate.