

<b>Case Number:</b>	CM14-0113211		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/03/1997
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, 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 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 patient is a 46-year-old female with a date of injury of 04/03/1997. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain. 2. Chronic neck pain. 3. Cervicogenic headaches. According to progress report 05/16/2014, the patient presents with low back and neck pain and complaints of headaches. The patient's medication regimen includes: 1. Fiorinal. 2. Lortab. 3. Buspar. 4. Seroquel. 5. Voltaren gel. 6. Relpax 40 mg. 7. Relafen. 8. Valium. 9. Pristiq. 10. Soma. 11. Topamax. 12. Wellbutrin. The patient reports continued elevated neck and upper back pain, low back pain, and left knee pain. She reports "continued headache despite taking Topamax, Relpax, and Fiorinal with codeine." Patient notes Wellbutrin and Pristiq help with mood. Seroquel and Intermezzo help with sleep. Patient states Lortab, OxyContin, and Valium are "no longer effective." Patient is utilizing a TENS unit, lumbar traction, and hydrotherapy tub at home which all alleviate his pain. Examination revealed tightness and tenderness to palpation of bilateral upper trapezius and lumbar paraspinal muscles. Treating physician is requesting medications Lunesta 3 mg for sleep restoration, Relpax 40 mg for headaches, Seroquel 200 mg for sleep restoration, buspirone HCL for chronic pain syndrome with anxiety, Wellbutrin XL 150 mg for better control of depression/anxiety, and Pristiq 100 mg for chronic pain syndrome with depression. Utilization review denied the request on 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther. 2005 Feb 28;47(1203):17-9. Eszopiclone (Lunesta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with continued elevated neck and upper back pain, low back pain, left knee pain, and left shoulder pain. Patient also has cervicogenic headaches and sleep issues and anxiety. The treating physician is requesting a refill of Lunesta 3 mg #30 for "sleep restoration." Review of the medical file indicates the patient has been taking Lunesta since 01/14/2014. Treating physician states Seroquel and Intermezzo help with sleep. There is no discussion on the efficacy of Lunesta. Furthermore, the treating physician does not discuss why the patient needs multiple medications for "sleep restoration." ODG Guidelines do support Lunesta based on studies up to 6 months of use; however, given the treating physician has not discussed the efficacy of Lunesta, Request is not medically necessary. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Request is not medically necessary.

**Relpax 40mg - Unspecified quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Head Procedure Summary last updated 05/28/2014: Triptans.

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

**Decision rationale:** The treating physician is requesting a refill of Relpax 40 mg for headaches. The MTUS and ACOEM guidelines do not discuss Relpax. However, ODG guidelines have the following regarding triptans for headaches: "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." As medical records document, this patient has "stress-intensified headaches that extend to migraine proportions." In this case, the patient suffers from cervicogenic headaches and not migraines for which this medication is indicated. Furthermore, progress report 05/16/2014 states "she reports continued headaches despite Topamax, Relpax, and Fiorinal with codeine." It appears the medication is not helping with the patient's headache and there is no need for continuation of this medication. Request is not medically necessary.

**Seroquel 200mg - Unspecified quantity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult. Mosby, Inc. - Seroquel/Quetiapine.

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

**Decision rationale:** The treating physician is requesting Seroquel 200 mg for "sleep restoration." The ACOEM and MTUS do not discuss Seroquel specifically. Regarding insomnia, ODG does not specifically discuss Seroquel but states "Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression." For depression treatments, ODG states, "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, ODG does not support this medication for insomnia nor depression. The treating physician states that Seroquel helps with insomnia but at the same time seeking additional help with Lunesta. Request is not medically necessary.

**Buspirone HCL - Unspecified quantity and dosage:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary last updated 05/15/2014 - Anxiety medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants Page(s): 13-15, 60, 61.

**Decision rationale:** The treating physician is requesting a refill of buspirone HCl for patient's chronic pain syndrome with anxiety. Buspirone is an anti-anxiety medication. Review of progress reports from 01/14/14 to 05/16/14 do not discuss if this medication is providing pain relief with reduction of anxiety. MTUS page 60 requires documentation of pain assessment, functional changes when medications are used for chronic pain. In this case, the treating physician does not provide a discussion regarding this medication's efficacy. Request is not medically necessary.

**Wellbutrin XL 150mg - Unspecified quantity:** 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 Anti-Depressants Page(s): 13-15.

**Decision rationale:** The treating physician is requesting a refill of Wellbutrin XL 150 mg for "better control of depression/anxiety." Treating physician states Wellbutrin, Pristiq, and Klonopin help with patient's mood. The MTUS on Antidepressants pg. 13-15 states "while Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." This patient meets the indication for this medication as medical records document neuropathic pain and depression. In addition, the treating physician states this medication better controls patient depression and anxiety. Request is medically necessary.

**Pristiq 100mg - Unspecified quantity:** 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 Anti-Depressants Page(s): 13-15.

**Decision rationale:** The treating physician is requesting a refill of Pristiq 100 mg for chronic pain syndrome with depression. He states that Pristiq helps with patient mood. 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. Given the patient's depression and documentation that Pristiq helps with the patient's mood, request is deemed medically necessary.