

<b>Case Number:</b>	CM14-0117070		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/15/1999
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 Pain 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:

This is a 71-year-old female patient diagnosed with unspecified myalgia and myositis following a remote industrial injury on 11/15/1997. Records indicate that a request for her Mirtazapine 15 mg #120, Alprazolam 0.5 mg #180, and Escitalopram 20 mg #240 was non-certified at utilization review on 06/23/14, noting requests for additional information, which was not provided. A request for authorization form dated 06/05/14 patient reports decreased insomnia, some anxiety and depressed mood. Plan was to continue Remeron 15 mg, Lexapro 40 mg and Xanax 1 mg as needed for anxiety. There were no physical examination findings, treatment history, urine drug screen, or response to treatment documented. Supplemental report dated 06/28/13 noted the patient is being treated for industrially induced fibromyalgia syndrome for a long time. Her initial consultation was on 12/23/2003 and last follow-up visit was on 05/31/13. It was noted that several medications have been prescribed and this combination of medications has been working well for a long time. Current medications include Provigil, Soma, Therabenzaprine, Sentra AM, Lyrica, Prilosec, and Topical Cream containing Ketoprofen. Provigil is to be taken 100 mg once or twice daily for her fatigue and daytime sleepiness. Therabenzaprine was recommended for discontinuation. It was also noted it was recommended for managing and reducing pain, stiffness, and muscle spasm associated with fibromyalgia. Cyclobenzaprine is used to relax muscles. Sentra AM was also recommended for discontinuation and includes fluoxetine combined with a medical food product. Lyrica 50 mg is to be taken one capsule twice daily for fibromyalgia. It was reported the patient had definite improvement when she was taking it. She was prescribed Prilosec to manage gastropathy associated with fibromyalgia. It was noted she is unable to take oral non-steroidal anti-inflammatories. Therefore, topical Ketoprofen was prescribed. There was a physician pharmaceutical review dated 11/28/2011 indicating a recommendation to discontinue Neurontin, noting that it was

documented the patient had neuropathic type pain and a diagnosis of fibromyalgia, but this medication reportedly caused adverse side effects. Lexapro was recommended to be discontinued, noting that although the patient has been diagnosed with major depressive disorder, there is no indication regarding why this patient would require more than one antidepressant medication. Xanax was recommended to be discontinued as benzodiazepines are not supported for long-term use. It was recommended the patient be transitioned to a trial of Buspirone for use on an as-needed basis for severe anxiety. Alprazolam ER was recommended to be discontinued as again, benzodiazepines are not supported for long-term use and there was no evidence of significant benefit. Soma was recommended to be discontinued as this particular medication has a higher risk for addiction and other muscle relaxants and there was no indication of any significant benefit documented. Prevacid was recommended to be discontinued as there was no indication this medication was related to the original industrial injury. Provigil was recommended to be discontinued, and noted that the patient has been prescribed multiple other medications to address fatigue. It was also noted the patient continues to report fatigue indicating no significant benefit. Remeron was recommended to be continued given the patient's diagnosis of major depressive disorder and one antidepressant would be appropriate. Ambien was recommended to be continued on an as-needed basis only for severe insomnia. Medrox Ointment was recommended to be discontinued as there was no indication that this patient would require topical analgesic and no documentation of significant benefit. Multiple medical foods were also recommended to be discontinued as medical foods are not generally supported according to guidelines and there was no documented benefit with use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Escitalopram 20 mg # 240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The CA MTUS states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." Utilization of antidepressants is endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. It is also noted the patient has a diagnosis of major depressive disorder. In the current clinical context, documentation identifies escitalopram was previously prescribed in addition to mirtazapine, but does not identify that there has been significant functional benefit that would support ongoing use. Antidepressants are rarely significantly beneficial for long-term use as a stand-alone treatment, and are typically recommended in conjunction with psychotherapy. Documentation provided does not describe any other treatment being rendered with the exception of multiple medications. Most recent progress note dated 06/28/13 does not identify this medication as currently being prescribed. The current request does not specify frequency of dosing. As such, given it does not appear the patient continues to be prescribed this medication and there was no significant benefit identified with use the medical necessity of

ongoing use of escitalopram would not appear to be supported as a medically necessary intervention, and therefore Escitalopram 20 mg # 240 is non-certified.

**Alprazolam 0.5 mg # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Treatment Guidelines regarding use of benzodiazepines indicates that these 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In this case, benzodiazepines have been prescribed on a long-term basis, which is not supported by evidence-based guideline criteria, and there is no description of any significant benefit as a result. Additionally, frequency of dosing is not documented, and this medication was not listed on the most recent progress note suggesting the patient is no longer taking this medication. Therefore, Alprazolam 0.5 mg # 180 is not medically necessary and is non-certified.

**Mirtazapine 15 mg # 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** The CA MTUS states "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." Utilization of antidepressants is endorsed by evidence-based medicine criteria as a treatment option for chronic pain, particularly that which is neuropathic in nature. It is also noted the patient has a diagnosis of major depressive disorder. In the current clinical context, documentation identifies mirtazapine was previously prescribed in addition to escitalopram, but does not identify that there has been significant functional benefit that would support ongoing use. It is also noted that her test pain is often used to treat insomnia when there is coexisting depression. It is noted the patient has both insomnia and depression, but again, there is no documentation of any significant efficacy with the use of this medication. Antidepressants are rarely significantly beneficial for long-term use as a stand-alone treatment, and are typically recommended in conjunction with psychotherapy. Documentation provided does not describe any other treatment being rendered with the exception of multiple medications. Most recent progress note dated 06/28/13 does not identify this medication as currently being prescribed. The current request does not specify frequency of dosing. As such, given it does not appear the patient continues to be prescribed this medication and there was no significant benefit identified with use the medical necessity of ongoing use of mirtazapine would not appear to be

supported as a medically necessary intervention, and therefore Mirtazapine 15 mg # 120 is non-certified.