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| Case Number: | CM14-0139207 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 03/01/1994 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 08/19/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 Internal 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 patient is an injured worker with diagnoses of major depression, chronic pain, general anxiety, ADD attention deficit disorder, and sleep disorder. Date of injury was 03-01-1994. Primary treating physician's progress report dated 08-08-2014 by the patient's psychiatrist documented the diagnoses of major depression, chronic pain, general anxiety, ADD attention deficit disorder, and sleep disorder. Subjective complaints of back pain and neck pain. She was continuing her prior medications, and no dose changes are needed. Cognitive behavioral therapy was authorized. Objective findings included alert, oriented, with clear, pressured speech, good eye contact, and casual grooming. She was engaging, but also anxious, OCD obsessive-compulsive disorder, and frustrated. She ruminates continually about her multiple physical issues. Treatment plan included Cymbalta 30 mg three daily, Adderall 10 mg TID, Nuvigil 250 mg every morning, BuSpar 10 mg tid, Propranolol, and Restoril. Follow-up visit was planned for 4-6 weeks. Progress note dated 7/21/14 documented blood pressure 100/60, pulse 71, normal heart examination. Progress report dated 7/22/14 documented the diagnoses of anterior cervical discectomy and fusion 4/11/1996, status post revision surgery 9/2/1997, neck pain with degenerative disk and joint disease, bilateral arthroscopic shoulder surgery with subacromial decompressions and right rotator cuff repair on 12/6/2001, and left partial synovectomy and acromioplasty on 12/16/1999, right upper extremity radial tunnel decompression and lateral epicondylar common extensor tendon release 7/14/2003, low back pain with spondylosis, bilateral carpal tunnel syndrome, cumulative trauma disorder of the bilateral upper extremities, and status post right sacroiliac joint fusion October 2012. Utilization review determination date was 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90 three tabs daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta
http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical records document the diagnoses of major depression, chronic pain, general anxiety, ADD attention deficit disorder, sleep disorder, anterior cervical discectomy and fusion 4/11/1996, status post revision surgery 9/2/1997, neck pain with degenerative disk and joint disease, bilateral arthroscopic shoulder surgery with subacromial decompressions and right rotator cuff repair on 12/6/2001, and left partial synovectomy and acromioplasty on 12/16/1999, right upper extremity radial tunnel decompression and lateral epicondylar common extensor tendon release 7/14/2003, low back pain with spondylosis, bilateral carpal tunnel syndrome, cumulative trauma disorder of the bilateral upper extremities, and status post right sacroiliac joint fusion October 2012. Medical records document that the patient has chronic musculoskeletal pain, which is an FDA indication for Cymbalta. Medical records document neuropathic pain. The patient has the diagnoses of depression and anxiety, which are FDA indications for Cymbalta. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta 30mg #90 three tabs daily is medically necessary.

Adderall 10mg #30 1 tablet three times daily: Overturned

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 FDA Prescribing Information Adderall®
<http://www.drugs.com/pro/adderall.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Adderall. FDA Prescribing Information states that Adderall is indicated for the treatment of attention deficit hyperactivity disorder. Primary treating physician's progress report dated 08-08-2014 by

the patient's psychiatrist documented the diagnosis of Attention Deficit Disorder (ADD). The progress note dated 7/21/14 documented blood pressure 100/60, pulse 71, normal heart examination. The diagnosis of Attention Deficit Disorder (ADD) was documented by the patient's psychiatrist. The medical records support the Adderall prescription, in accordance with FDA guidelines. Therefore, the request for Adderall 10mg #30 1 tablet three times daily is medically necessary.

Nuvigil 250mg #30 in the morning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, TWC, Drug Formulary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Nuvigil Armodafinil <http://www.drugs.com/pro/nuvigil.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Nuvigil (Armodafinil). FDA Prescribing Information states that Nuvigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). The medical records do not document the diagnoses of obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). Excessive sleepiness is not documented. The progress report dated 08-08-2014 documented that the patient was alert and oriented. The medical records do not support the use of Nuvigil, in accordance with FDA guidelines. Therefore, the request for Nuvigil 250mg #30 in the morning is not medically necessary.

BuSpar 10mg #90 three times daily: Overturned

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 Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information BuSpar (Buspirone) <http://www.drugs.com/pro/buspar.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address BuSpar (Buspirone). The FDA Prescribing Information states that BuSpar is indicated for the management of anxiety disorders. Primary treating physician's progress report dated 08-08-2014 by the patient's psychiatrist documented the diagnosis of general anxiety. Objective findings included anxious behavior. The patient's psychiatrist recommended continuation of the patient's BuSpar prescription. FDA guidelines indicate that BuSpar is indicated for the management of anxiety disorders. The medical records support the BuSpar prescription, in accordance with FDA guidelines. Therefore, the request for BuSpar 10mg #90 three times daily is medically necessary.