MAXIMUS Federal Services

Case Number:	CM14-0156000		
Date Assigned:	09/25/2014	Date of Injury:	08/21/1997
Decision Date:	12/15/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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 60-year-old female who reported an industrial injury on 8/21/1997, over 17 years ago, attributed to the performance of her usual and customary job tasks reported to be due to cumulative trauma from RSI. The patient has been treated for chronic pain issues along with depression. The patient is status post anterior lumbar discectomy and fusion from L3-L5 with a laminectomy and facetectomy followed by a right L5-S1 discectomy and interbody fusion as well as posterior lateral fusion from L3 through S1 with posterior instrumentation. The patient is diagnosed with fibromyalgia. The patient complains of neck pain, bilateral shoulder pain, upper extremity pain, and bilateral hand pain along with GI issues reported to be due to medications. The patient is seen a psychologist who recommended the use of Klonopin. The patient has been prescribed oxymorphone 10 mg TID; Effexor XR 75 mg; Ambien CR 12.5 mg daily for sleep; Klonopin 1 mg daily as needed to address anxiety; Voltaire and XR 100 mg Q day; omeprazole 20 mg; and diclofenac for migraine headaches. The objective findings on examination included tenderness to palpation in the cervical lumbar paraspinal musculature; no documented sensory loss; and no neurological deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; NSAIDs

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Diclofenac. The chronic prescription of proton pump inhibitors is noted to lead to osteoporosis and decreased magnesium levels.The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors, such as, Omeprazole. The patient is documented to be taking diclofenac; however, there were no documented GI risks for this patient. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. The prescription for Omeprazole 20 mg #30 with refill x3 is not demonstrated to be medically necessary.

Effexor XR 75mg #30 x3: Upheld

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 Venlafaxine/Effexor, antidepressants for chronic pain Page(s): 123, 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants;

Decision rationale: The prescription of the antidepressant Effexor/Venlafaxine XR for the treatment of chronic pain-induced depression is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines for the treatment of neuropathic pain. However, there is no documented rationale or nexus to the cited mechanism of injury by prescribing physician. There is no documented neuropathic pain in addition to the lumbar spine fusion. There is no objective evidence to support the use of antidepressants for the treatment of the effects of the industrial injury. The CA MTUS and the Official Disability Guidelines recommend the use of Effexor as an adjunct treatment for chronic pain. It is not clear that the

prescription of Effexor is medically necessary based on the available alternatives. The Effexor was prescribed to the patient for the diagnosis of chronic neck and bilateral upper extremity pain; however, there is no objective evidence that the patient has depression due to reported chronic pain. There is no nexus provided to the cited mechanism of injury and no objective findings documented on the examination. There is no diagnosis of chronic depression due to chronic pain. There is no diagnosis of depression associated with this industrial claim. The rationale for prescription over the recommended TCAs for chronic pain depression was not documented.The prescription of the antidepressant Venlafaxine for the treatment of chronic pain is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The use of Venlafaxine is recommended as an adjunct to the treatment of neuropathic pain; however, there is no evidence that the patient has neurogenic pain. The patient is reported to have depression; however, there is no provided nexus to the industrial injury.CA MTUS: Recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. (Namaka, 2004) See also Antidepressants for chronic pain for general guidelines, as well as specific Venlafaxine listing for more information and references. There is no demonstrated medical necessity for the prescribed Effexor XR 75 mg #30 with refill x3.

Ambien CR 12.5mg #30 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OCG) Pain, Zolpidem,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--insomnia and Zolpidem Other Medical Treatment Guideline or Medical Evidence: Disciplinary Guidelines for the general practice of medicine

Decision rationale: Zolpidem/Ambien 12.5 mg #30 with refill x3 is recommended only for the short-term treatment of insomnia for two to six weeks. The Zolpidem/Ambien 12.5 mg has been prescribed to the patient for a prolonged period of time. The use of Zolpidem or any other sleeper has exceeded the ODG guidelines. The FDA recommends only the use of 6.25 mg for the treatment of insomnia and only for the short-term. The prescribing physician does not provide any rationale to support the medical necessity of Zolpidem for insomnia or documented any treatment of insomnia to date. The patient is being prescribed the Zolpidem/Ambien CR for insomnia due to chronic pain simply due to the rationale of chronic pain without demonstrated failure of OTC remedies. There is no provided subjective/objective evidence to support the use of Zolpidem or Ambien12.5 mg over the available OTC remedies. The patient has exceeded the recommended time period for the use of this short-term sleep aide. There is no demonstrated functional improvement with the prescribed Zolpidem/Ambien CR.There is no documentation of alternatives other than Ambien CR have provided for insomnia or that the patient actually

requires sleeping pills. The patient is not documented with objective evidence to have insomnia or a sleep disorder at this point in time or that conservative treatment is not appropriate for treatment. There is no evidence that sleep hygiene, diet and exercise have failed for the treatment of sleep issues. There is no demonstrated failure of the multiple sleep aids available OTC.The CA MTUS and the ACOEM Guidelines are silent on the use of sleeping medications. The ODG does not recommend the use of benzodiazepines in the treatment of chronic pain. Zolpidem is not a true benzodiazepine; however, retains some of the same side effects and is only recommended for occasional use and not for continuous nightly use. There is no medical necessity for the prescribed Zolpidem 12.5 mg #30 with refill x3.

Klonopin 1mg #30 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; benzodiazepines

Decision rationale: KLONOPIN (Clonazepam) 1 mg #30 with refill x3 is prescribed for anxiety for the cited industrial injury is not demonstrated to be medically necessary. The PTP is prescribing Clonazepam as an adjunct in the treatment of chronic pain and anxiety. The prescription of Clonazepam or Klonopin is recommended for short-term use only. The PTP is prescribing it tid for anxiety, which is inconsistent with the recommendations of the CA MTUS and the Official Disability Guidelines. There is no demonstrated medical necessity for the prescription of Klonopin for the treatment of chronic pain or anxiety seventeen (17) years after the DOI. Clonazepam is a benzodiazepine derivative with highly potent anticonvulsant, muscle relaxant, and anxiolytic properties. Clonazepam is sometimes used for refractory epilepsies; however, long-term prophylactic treatment of epilepsy has considerable limitations, the most notable ones being the loss of antiepileptic effects due to tolerance, which renders the drug useless with long-term use, and side-effects such as sedation, which is why clonazepam and benzodiazepines as a class should, in general, be prescribed only for the acute management of epilepsies. Clonazepam or diazepam has been found to be effective in the acute control of nonconvulsive status epilepticus. However, the benefits tended to be transient in many of the patients, and the addition of phenytoin for lasting control was required in these patients.Clonazepam has shown itself to be highly effective as a short-term (3 weeks) adjunct to SSRI treatment in obsessive-compulsive disorder and clinical depression in reducing SSRI side-effects with the combination being superior to SSRI treatment alone. The CA MTUS does not recommend Klonopin for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four (4) weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks.The provider has used this medication for anxiety that is not demonstrated to a have a nexus to the cited mechanism of

injury and benzodiazepines are not recommended for use by the applicable evidence-based guidelines. The use of Klonopin for the treatment of insomnia or anxiety is not recommended by the applicable evidence-based guidelines. The treating physician has documented that the patient has anxiety issues; however, has not documented an appropriate diagnosis for the prescription of Clonazepam; documented any functional improvement derived from Clonazepam; or demonstrated a medical necessity for Clonazepam. There is no demonstrated medical necessity for the prescription of benzodiazepines. The California MTUS does not recommend the use of benzodiazepines in the treatment of injured workers. There is no demonstrated medical necessity for the prescription of Klonopin 1 g #30 with refill x3.