

Case Number:	CM14-0170708		
Date Assigned:	10/23/2014	Date of Injury:	01/13/2006
Decision Date:	12/31/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 52 year old female patient who sustained a work related injury on 1/13/2006 Patient sustained the injury when she was involved in a "take-down" with a juvenile offender and sustained injury to her neck and low back as a result of this confrontation. The current diagnoses include major depressive disorder, bipolar disorder, depression and anxiety, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Per the doctor's note dated 9/18/14 patient had complaints of mood swings and psychiatric symptoms persisted and the patient believes that the meds were not helpful. Examination on 9/26/14 revealed she had severe low back pain and neck pain, painful ROM, tenderness on palpation normal reflexes and normal sensory and motor examination. Per the note dated 10/2/14 her psychological condition was highly problematic. She admitted to threatening to kill herself and her children and she was psychiatrically hospitalized for again making these threats. The mood was anxious and agitated, restless, persistent thoughts of suicide; her scores on the Beck inventories suggested severe depression and moderate anxiety; emotional distress and instability; she sleeps three to four hours a night and she wakes up frequently at night due to pain, and finds it very difficult to fall back to sleep. Per the doctor's note dated 08/01/14, patient has complaints of neck pain that radiates down the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities at 7/10 without medications and 0/10 with medication. Physical examination of the cervical spine revealed spasm in the left trapezius muscle and in the left paraspinal muscles, tenderness in the cervical spine at C5-7 and at the left paravertebral C4-7 area, myofascial trigger points in the left trapezius muscle and left levator muscle, range of motion of the cervical spine slightly limited due to pain. Examination of the lumbar spine, revealed tenderness in the bilateral paravertebral area at the L4-S1 levels and the range of motion was moderately limited due to pain, decreased sensation to light touch along the L5-S1 dermatome on both lower extremities,

Achilles reflexes were absent and the patellar reflexes were decreased on both sides and straight leg raise in the seated position was positive on the right for radicular pain at 70 degrees. The past medical history includes diabetes and hypertension. There is also a history of alcohol abuse. The current medication lists include Olanzapine, Ibuprofen, Gabapentin, Amlodipine, Lorazepam, Oxybutynin, Bupropion XL, Oxcarbazepine, Atorvastatin, Buspirone HCL, Metformin, Celebrex, Lisinopril, Losartan, Aspirin, Claritin D, and Nasonex. The patient has had X-rays of the cervical spine on 8/21/14 that revealed a decrease in the normal cervical lordosis, moderately severe degenerative disc disease at C4-5 and C5-6; X-rays of the lumbar spine on 8/21/14 that revealed degenerative disc disease; MRI of the lumbar spine performed on 8/1/12 that revealed 3mm disc protrusions at L4-5, L5-S1, degenerative disc disease at L1-2, L2-3 and L3-4 with 2mm disc bulges; MRI of the cervical spine on 8/1/12 that revealed a 3mm disc protrusion at C5-6 and C4-5 with left side C4-5 nerve root impingement and degenerative disc disease. The patient's surgical history includes tonsillectomy, partial hysterectomy, and cholecystectomy. The patient has had a vehicular accident in 2000. The patient has received an unspecified number of cognitive-behavioral psychotherapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval 1 session per month for 6 months: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As per cited guideline "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise" The current diagnoses include major depressive disorder, bipolar disorder, depression and anxiety, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Per the doctor's note dated 9/18/14 patient had complaints of mood swings and psychiatric symptoms persisted and the patient believes that the medicines were not helpful. Per the note dated 10/2/14 her psychological condition was highly problematic. She admitted to threatening to kill herself and her children and she was psychiatrically hospitalized for again making these threats. The mood was anxious and agitated, restless, persistent thoughts of suicide; her scores on the Beck inventories suggested severe depression and moderate anxiety; emotional distress and instability; she sleeps three to four hours a night and she wakes up frequently at night due to pain, and finds it very difficult to fall back to sleep. The current medication lists include Olanzapine, Ibuprofen, Gabapentin, Amlodipine, Lorazepam, Oxybutynin, Bupropion XL, Oxcarbazepine, Atorvastatin, Buspirone HCL, Metformin, Celebrex, Lisinopril, Losartan, Aspirin, Claritin D, and Nasonex. The patient has received an unspecified number of cognitive-behavioral psychotherapy

visits for this injury. Patient has had physical and psychiatric complaints since over 8 years. The patient has a complex long standing history of psychiatric problems, therefore the request for Monthly Psychotropic Medication Management and Approval 1 Session Per Month for 6 Months is medically necessary and appropriate for this patient at this time.

Ativan 2 mg 1 tablet 3 times daily #105: 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): 24.

Decision rationale: Lorazepam is a benzodiazepine. According to MTUS guidelines Benzodiazepines 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. Their range of actions 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." The current medication lists include Olanzapine, Ibuprofen, Gabapentin, Amlodipine, Lorazepam, Oxybutynin, Bupropion XL, Oxcarbazepine, Atorvastatin, Buspirone HCL, Metformin, Celebrex, Lisinopril, Losartan, Aspirin, Claritin D, and Nasonex. The rationale for using Lorazepam 2 mg three times a day along with Olanzapine, Gabapentin, Oxybutynin, Bupropion XL, Oxcarbazepine was not specified in the records provided. The effect that the high doses of Lorazepam, along with these medications have on alertness or sedation levels is not specified in the records provided. A trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Ativan 2 MG 1 Tablet 3 Times Daily #105 is not fully established in this patient.

Buspar 5 mg 1 tablet 2 times daily #70: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Anxiety medications in chronic pain and Mental Illness & Stress (updated 11/21/14) Chapter, PTSD Pharmacotherapy and on Thompson Micromedex-FDA Labeled indications; Drug-Buspirone, Anxiety.

Decision rationale: MTUS guideline does not specifically address this issue. Hence ODG and Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of the drug Buspirone include anxiety. The current diagnoses include major depressive disorder, bipolar

disorder, depression and anxiety, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Per the note dated 10/2/14 her psychological condition was highly problematic. The mood was anxious and agitated, restless, persistent thoughts of suicide; her scores on the Beck inventories suggested severe depression and moderate anxiety; emotional distress and instability. The Buspar 5 MG 1 Tablet 2 Times Daily #70 is deemed medically appropriate and necessary in this patient for the treatment of episodes of anxiety.

Trileptal 300 mg 1 tablet 2 times daily #70: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Oxcarbazepine is an anticonvulsant and mood-stabilizing drug, used primarily in the treatment of epilepsy. It is also used to treat anxiety and mood disorders. The current diagnoses include major depressive disorder, bipolar disorder, depression and anxiety, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Per the doctor's note dated 9/18/14 patient had complaints of mood swings and psychiatric symptoms persisted. Per the note dated 10/2/14 her psychological condition was highly problematic. The mood was anxious and agitated, restless, persistent thoughts of suicide; her scores on the Beck inventories suggested severe depression and moderate anxiety; emotional distress and instability. The Trileptal 300 mg 1 tablet 2 times daily #70 is deemed medically appropriate and necessary in this patient for treating anxiety, mood disorder and chronic pain.

Wellbutrin XL 300 mg 1 tablet in the morning #35: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: Wellbutrin contains bupropion, an anti-depressant drug. According to CA MTUS guidelines cited below "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." Per the doctor's note dated 08/01/14, patient has complaints of neck pain that radiates down the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities at 7/10 and physical examination of the cervical spine revealed spasm in the left trapezius muscle and in the left paraspinal muscles, tenderness in the cervical spine at C5-7 and at the left paravertebral C4-7 area, myofascial trigger points in the left trapezius muscle and left levator muscle, range of motion of the cervical spine

slightly limited due to pain and examination of the lumbar spine, revealed tenderness in the bilateral paravertebral area at the L4-S1 levels and the range of motion was moderately limited due to pain, decreased sensation to light touch along the L5-S1 dermatome on both lower extremities, Achilles reflexes were absent and the patellar reflexes were decreased on both sides and straight leg raise in the seated position was positive on the right for radicular pain at 70 degrees. Therefore the patient has pain that is neuropathic/ nerve related pain. The current diagnoses include major depressive disorder, bipolar disorder, depression and anxiety, cervical spine degenerative disc disease, and lumbar spine degenerative disc disease. Per the doctor's note dated 9/18/14 patient had complaints of mood swings and psychiatric symptoms persisted. Per the note dated 10/2/14 her psychological condition was highly problematic. The mood was anxious and agitated, restless, persistent thoughts of suicide; her scores on the Beck inventories suggested severe depression and moderate anxiety; emotional distress and instability. The use of Wellbutrin XL 300 mg 1 tablet in the morning #35 is medically necessary and appropriate for the treatment of depression and chronic nerve related pain in this pt.

Zyprexa 10 MG 1 at Night #35: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 11/21/14), Anxiety medications in chronic pain and on Thomson Micromedex, Olanzapine, FDA labeled indications.

Decision rationale: Olanzapine is an atypical antipsychotic. CA-MTUS or ACOEM do not address the use of Olanzapine for Schizo-affective disorders. Regarding the treatment for anxiety in chronic pain, ODG states, " (c) Other agents shown to be potentially effective: Anti psychotics: This medication may be beneficial as an adjunct treatment.' Per the Thomson Micromedex, Olanzapine is FDA approved for use in "Agitation - Bipolar I disorder, Agitation - Schizophrenia, Bipolar I disorder, Acute mixed or manic episodes, Bipolar I disorder, Maintenance therapy, Schizophrenia." Any evidence of hallucinations or a psychotic disorder like schizophrenia was not specified in the records provided. The current medication list includes Olanzapine, Gabapentin, Lorazepam, Oxybutynin, Bupropion XL, Oxcarbazepine, and Buspirone HCL, The pt is taking wellbutrin (bupropion) which is an antidepressant. In addition she is taking gabapentin and oxcarbazepine which are antiepileptics which are also used as mood stabilizers. The response to a reasonable course and duration of these medications (prior to adding the olanzapine) is not specified in the records provided. The effect on the level of alertness/ sedation with the use of olanzapine in addition to the gabapentin and oxcarbazepine is not specified in the records provided. The past medical history includes DM and HTN. The use of olanzapine can cause hyperglycemia. The monitoring of blood glucose levels with the use of Olanzapine was not specified in the records provided. The medical necessity of the request for Zyprexa 10 mg 1 at night #35 is not fully established in this patient.