

Case Number:	CM14-0178512		
Date Assigned:	10/31/2014	Date of Injury:	03/12/2008
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 40-year-old male with a 3/12/08 date of injury, when he injured his neck, back, lower extremities and psyche due to repetitive lifting. The reviewer's note dated 10/8/14 indicated that the patient was seen on 9/22/14 with complaints of depression, anxiety, sleep disturbances, lack of motivation, diminished self-esteem, and panic attacks. An undated progress note revealed that the patient complained of pain in the shoulders, back and legs. The physical examination revealed antalgic gait, tenderness to palpation over the lumbar paraspinal muscle and positive straight leg-raising test bilaterally. The note stated that Ambien helped the patient with his sleep and that the patient denied adverse effects from his medications. The diagnosis was radiculopathy, failed back syndrome, lumbosacral spondylosis and depression. Treatments to date included lumbar fusion, elbow surgery, carpal tunnel surgery, work restrictions and medications. An adverse determination was received on 10/8/14. The requests for Venlafaxine XR #60 with 2 refills, Nuvigil 250mg #30 with 2 refills, Alprazolam 0.5mg # 120 with 2 refills, and Seroquel XR 50mg #30 with 2 refills were modified to 1 prescription of each medication with no refills for a purpose of weaning due to a lack of functional improvements. Treatment to date: lumbar fusion, elbow surgery, carpal tunnel surgery, work restrictions and medications. An adverse determination was received on 10/8/14. The requests for Venlafaxine XR #60 with 2 Refills, Nuvigil 250mg #30 With 2 Refills, Alprazolam 0.5mg # 120 with 2 Refills, Seroquel XR 50mg #30 with 2 Refills were modified to 1 prescription of each medication with no refills for a purpose of weaning due to a lack of functional improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine XR #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs, Venlafaxine Page(s): 15, 105.

Decision rationale: CA MTUS states that Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclic are ineffective, poorly tolerated, or contraindicated. Venlafaxine (Effexor): The Food and Drug Administration (FDA)-approved for anxiety, depression, panic disorder and social phobias. Off-label use is for fibromyalgia, neuropathic pain, and diabetic neuropathy. The progress notes indicated that the patient was utilizing Venlafaxine; however, the duration of treatment was not specified. There is a lack of documentation indicating subjective and objective functional gains from prior use of Venlafaxine. In addition, it is not clear if the patient tried and failed tricyclic medications in the past and there is no rationale with regards to the necessity for SNRI for the patient. Therefore, the request for Venlafaxine XR #60 with 2 refills is not medically necessary.

Nuvigil 250mg #30 with 2 refills: 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) - Treatment of Worker Compensation (TWC)

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, Armodafinil (Nuvigil)

Decision rationale: CA MTUS does not address this issue. Official Disability Guidelines (ODG) states that armodafinil (Nuvigil) is not recommended solely counteracting sedation effects of narcotics. armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. However, there is no clinical evidence that the patient suffered from narcolepsy. In addition, the progress notes indicated that the patient was utilizing other medication for sleep disturbances. There is a lack of documentation indicating subjective or objective functional gains with prior use of Nuvigil. Therefore, the request for Nuvigil 250mg #30 with 2 refills is not medically necessary.

Alprazolam 0.5mg # 120 with 2 refills: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The notes indicated that the patient was utilizing Alprazolam in the past; however, the duration of treatment was not specified. There is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the Guidelines do not support long-term treatment with benzodiazepines. Therefore, the request for Alprazolam 0.5mg # 120 with 2 refills is not medically necessary.

Seroquel XR 50mg #30 with 2 refills: 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) - Treatment of Worker Compensations (TWC), Mental Illness & Stress Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Seroquel

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Seroquel is indicated for Schizophrenia; acute treatment of manic episodes associated with bipolar I disorder, both as monotherapy and as an adjunct to lithium or divalproex; monotherapy for the acute treatment of depressive episodes associated with bipolar disorder; and maintenance treatment of bipolar I disorder, as an adjunct to lithium or divalproex. However, there was a lack of documentation indicating that the patient suffered from schizophrenia or manic episodes. In addition, there was a lack of documentation indicating subjective or objective functional gains with prior use of Seroquel. Lastly, the UR decision dated 10/8/14 modified the request and certified 1 prescription of Seroquel for weaning purposes. Therefore, the request for Seroquel XR 50mg #30 with 2 Refills was not medically necessary.

Atarax 25mg #60 with 2 refills: 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) - Treatment of Worker Compensations (TWC), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Atarax

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this issue. The Food and Drug Administration (FDA) states that Atarax is indicated for symptomatic relief of anxiety and tension associated with psychoneurosis; as an adjunct in organic disease states in which anxiety is manifested; useful in the management of pruritus due to allergic

conditions, such as chronic urticaria and atopic and contact dermatoses; and in histamine-mediated pruritus. The effectiveness of hydroxyzine as an antianxiety agent for long-term use, that is more than 4 months, has not been assessed by systematic clinical studies. However there is a lack of documentation indicating subjective and objective functional gains from prior use of Atarax. In addition, there is no rationale with regards to the necessity for this medication for the patient. Therefore, the request for Atarax 25mg #60 with 2 refills is not medically necessary.