

Case Number:	CM14-0024284		
Date Assigned:	06/11/2014	Date of Injury:	06/06/2006
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/26/2014

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 Pennsylvania. 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 injured worker is a 51-year-old gentleman with a date of injury of 06/06/2006. A psychiatry evaluation report by [REDACTED] dated 10/31/2013 identified the mechanism of injury as a fall while loading ostriches into a truck. The worker was experiencing pain in the back, legs, and right shoulder with an intensity that ranged from moderate to severe levels on average. These records also described depression, anxiety, and insomnia related to both the worker's mood symptoms and the pain. The documented examinations showed a positive right shoulder impingement sign and tenderness, knee tenderness that was worse on the left than on the right, a painful gait despite use of a cane, diffuse tenderness throughout the muscles next to the spine, and back muscle spasms. The records reviewed indicated the member's conditions included right shoulder impingement and bursitis, depression, anxiety, chronic pain syndrome, insomnia, lumbar spine stenosis, lumbar radiculopathy, and psoriasis. Treatment included medications, physical therapy, a home exercise program, knee and back braces, knee injections, right shoulder injections, lower back injections, water therapy, five knee surgeries, two back surgeries, chiropractic care, psychotherapy, stress and coping management, and psychiatric medication management. [REDACTED] notes report that zolpidem (Ambien) was mildly helpful in increasing sleep, duloxetine (Cymbalta) was not helpful despite raising the dose several times from 30 mg daily to 90 mg/day, and lorazepam was helpful a bit or somewhat despite raising the dose from 1 mg/day to 1.5 mg/day with up to an additional 2 mg/day as needed. The submitted and reviewed documentation did not describe the effects of these treatments on the worker's function or on the amounts of medication he needed to manage his pain. The submitted and reviewed documentation was also very limited in the descriptions of objective effects and did not include assessments of side effects. There further was no documentation of recent non-pharmacologic

treatment options for insomnia, exploration of the member's sleep hygiene, assessment of the specific components of sleep, or review of daytime sleepiness.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMBIEN 10MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med. Oct 15 2008; 4(5): 487-504. (American Academy of Sleep Medicine).

Decision rationale: The MTUS Guidelines are silent as to the issue of the use of zolpidem (Ambien) for the treatment of insomnia. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects, and evaluation of new or exacerbative issues should occur. Zolpidem is indicated for short-term treatment of insomnia in which initially falling asleep has become challenging. It is not approved for long-term use. The submitted and reviewed documentation did not include assessments of specific sleep components (such as sleep onset, maintenance, quality, or daytime sleepiness), benefits of zolpidem therapy, or its side effects. No sleep diary data was recorded or reviewed. There was no indication that non-pharmacologic interventions were recently suggested or tried. Further, there was no mention of discussions pertaining to the worker's sleep hygiene. In the absence of such evidence, the current request for zolpidem (Ambien) 10 mg, #30 is not medically necessary.

ATIVAN 0.5MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Antispasticity; Weaning Medications - Benzodiazepines Page(s): 24; 66; 124.

Decision rationale: The MTUS Guidelines emphasize that benzodiazepines, such as lorazepam (Ativan), are not recommended for long-term use. Benefit for more than several weeks has not been demonstrated in the literature, there is a risk of developing dependence, and side effects can

be significant. Most guidelines limit the use of these medications to four weeks. The literature has shown that tolerance develops to the anti-anxiety effects within months, and there is evidence to suggest long-term use may even increase anxiety. Tolerance also develops rapidly to the side effect that can sometimes help by increasing sleep when this is an issue, requiring the dose to need to be raised steadily in order to maintain this benefit. These medications are not particularly helpful with muscle spasm and are not recommended for this indication. The submitted and reviewed documentation demonstrated the worker had already used this medication for several months with a limited description of benefit. The dose had needed to be raised several times in a short amount of time, suggesting the development of tolerance. The documentation did not record a recent assessment of side effects, indicate an improvement in function, or describe a decrease in the use of other pain management medications. However, the MTUS Guidelines support weaning these medications, as serious complications can occur if lorazepam is stopped suddenly. The recommended tapering rate is approximately 1/8 to 1/10 of the daily dose every one to two weeks, but the Guidelines emphasize the rate should be individualized and adjusted as needed. Close monitoring during the weaning process is encouraged. Based on the limited documented description of daily use at the time this request was made and a conservative taper as supported by the MTUS Guidelines, the current request for lorazepam (Ativan) 0.5 mg, #90 is medically necessary to complete the weaning process.

CYMBALTA 60MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain; Antiepilepsy Drugs; Duloxetine Page(s): 13-16; 17; 43-44.

Decision rationale: The MTUS Guidelines support the use of duloxetine (Cymbalta) for the management of some types of chronic pain. The literature has demonstrated good results with the use of duloxetine to manage fibromyalgia, and the FDA has approved the medication as first line treatment for anxiety, depression, and diabetic neuropathy. There is some evidence to support its use for the treatment of neuropathy not caused by diabetes and of radiculopathy overall. However, more information is needed to support its use longer than twelve weeks. In addition, the guidelines and literature specifically do not support the use of duloxetine for lumbar radiculopathy. The Guidelines recommend that regular assessments during treatment should include descriptions of pain outcomes, function, changes in the use of other pain medications, sleep quality and duration, psychologic assessments, and side effects. [REDACTED] notes dated 11/15/2013, 01/24/2013, and 02/06/2014 reported that the worker was not receiving any benefit from duloxetine, despite raising the dose from 30 mg daily to 90 mg/day. The literature does not support increased effect beyond a dose of 60 mg daily, except in fibromyalgia treatment. The submitted and reviewed documentation did not specify improvements in the worker's function, decreased use of other pain medications, or side effects. In the absence of such evidence, the current request for duloxetine (Cymbalta) 60 mg, #60 is not medically necessary.

PSYCHOTHERAPY/MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; Psychological Evaluations Page(s): 23; 100-102.

Decision rationale: The MTUS Guidelines strongly recommend the identification and management of coping skills, describing these elements as often being more important to the treatment of pain than the ongoing medications used. When there is documented evidence of functional improvement, psychotherapy sessions should be continued. The submitted and reviewed documentation demonstrated limited descriptions of benefit overall. There was no indication that these sessions improved the worker's function or decreased his use of other pain management medications. However, the MTUS Guidelines do not support the worker's continued use of the medication lorazepam (Ativan). The Guidelines strongly recommend weaning this medication when it is no longer appropriate, as serious complications can occur if lorazepam is stopped suddenly. The recommended tapering rate is approximately 1/8 to 1/10 of the daily dose every one to two weeks, but the Guidelines emphasize the rate should be individualized and adjusted as needed. Close monitoring during the weaning process is encouraged. Several sessions for psychotherapy and medication management would likely be reasonable, but the submitted and reviewed documentation does not support an indefinite number of sessions. In the absence of such evidence, the current request for psychotherapy and medication management is not medically necessary.