

Case Number:	CM14-0038660		
Date Assigned:	06/27/2014	Date of Injury:	05/13/2004
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, depression, anxiety, and insomnia reportedly associated with an industrial injury of May 13, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; muscles relaxants; and transfer of care to and from various providers in various specialties. In a utilization review report dated March 12, 2014, the claims administrator denied a request for Ambien, partially certified Wellbutrin, approved OxyContin, approved Percocet, approved Cymbalta and denied Lidoderm patches. Wellbutrin was apparently partially certified on the grounds that the claims administrator did not believe the combination of Wellbutrin and Cymbalta was an appropriate one. The claims administrator did not, however, furnish guidelines or other medical evidence as to why I believe this particular combination was inadvisable. On February 20, 2014, the applicant was described as having chronic pain syndrome of the bilateral shoulders, bilateral shoulder impingement, partial thickness rotator cuff tears, right biceps tendinopathy, pain-induced insomnia, and pain-related depression. It was stated that applicant's ongoing usage of Wellbutrin and Cymbalta did benefit her depression and improved her ability to motivation and ability to engage in activities of daily living. The applicant stated that her combinations of medications were ameliorating her sleep and that her pain medications were improving her ability to perform cooking, cleaning, dressing, and personal hygiene. On March 20, 2014, it is again stated that the applicant's Wellbutrin and Cymbalta were ameliorating her depression and improving her motivation and mood. On the progress notes of May 20, 2014 and June 17, 2014, it is suggested that the applicant was having superimposed issues with depression and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone Hydrochloride 100 mg #30 with three (3) refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Insomnia Treatment Topic, Sedating Antidepressant section.

Decision rationale: As noted in MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes "weeks" for antidepressant such as trazodone to take effect. Antidepressants are, however, effective in alleviating issues with mood disturbance and depression, it is noted. The favorable ACOEM recommendation is augmented by the ODG Chronic Pain Chapter, insomnia treatment topic, which at least tepidly endorses sedating antidepressant such as trazodone in applicant's with a combination of insomnia and depression, as is the case here. Therefore, the request is medically necessary.

Flexeril 10 mg #30 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine and Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and psychotropic medications, including OxyContin, Percocet, trazodone, Wellbutrin, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

Ambien CR 12.5 mg #30 with (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that an attending prescribing the drug for non-FDA approved purposes has the reasonability to be well informed regarding usage of the same and should, furthermore, furnish compelling medical evidence to support such usage.

In this case, however, no evidence has been furnished to support long-term usage of Ambien. The Food and Drug Administration (FDA) notes that Ambien is indicated only in short-term treatment of insomnia, for up to 35 days. The Ambien is not indicated for the chronic, long-term, and/or scheduled use purpose to which the attending provider is seemingly proposing it here, via a 30-tablet supply with three refills. Therefore, the request is not medically necessary.

Wellbutrin XL 300 mg #30 with three (3) refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants may be helpful to alleviate symptoms of depression. In this case, the attending provider has posited that ongoing usage of Wellbutrin has ameliorated the applicant's mood and motivation levels. Continuing the same, on balance, is indicated given the applicant's reportedly favorable response to the same. Therefore, the request is medically necessary.

Lidoderm 5% #90 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of some therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of multiple atypical antidepressants, including Wellbutrin, Cymbalta, trazodone, etc., effectively obviates the need for topical Lidoderm. Therefore, the request is not medically necessary.