

Case Number:	CM14-0052486		
Date Assigned:	07/07/2014	Date of Injury:	06/11/2007
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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:

This patient is a 62-year-old male employee with date of injury of 6/11/2007. A review of the medical records indicate that the patient is undergoing treatment for an injury to his neck, right shoulder, and upper arm with a diagnosis of brachial radiculitis, major depressive disorder, chronic pain, and insomnia due to anxiety. Subjective complaints (3/21/2014) include chronic aching and burning in the right shoulder and down the right arm with panic attacks and leaving the house. The objective findings include flat affect, depressed speech with no physical exam of the shoulder. Treatment has included psychiatric treatment and assessment, and extensive dental work. The patient's medications have included Lyrica 400mg down to 50mg, Zyprexa 15mg, Vicodin 50mg (6/day), Lorazepam 3mg bid, Norco 5/325mg, Lunesta 3mg, and a history of unspecified anti-depressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Pregabalin 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: The MTUS and ODG state that Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. The patient first reported neuropathic pain on a physician's visit dated October 17, 2007 and Pregabalin appears to appropriate medication. While the treating physician details the dosage of each pill, he does not quantify the number of pills that should be dispensed or the frequency the medication should be taken. Prescription dosing, quantity, and frequency of administration are necessary components. As such, the request for 1 prescription of Pregabalin 50mg without quantity/frequency information is not medically necessary.

1 Prescription of Olanzapine 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness, Olanzapine (Zyprexa), Pain, Anxiety medications in chronic pain.

Decision rationale: The MTUS states regarding mental health treatments, psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). The ODG states Zyprexa, is not recommended as a first-line treatment. Zyprexa (Olanzapine) is used to treat the symptoms of psychotic conditions such as schizophrenia and bipolar disorder. There is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Medical records indicate that the patient has tried several different antidepressant medications prior to Zyprexa. While medical documents lack detailed mental health notes and treatment history, the current treatment appears to be appropriate. While the treating physician details the dosage of each pill, he does not quantify the number of pills that should be dispensed or the frequency the medication should be taken. Prescription dosing, quantity, and frequency of administration are necessary components. As such, the request for 1 Prescription of Olanzapine 15mg without quantity/frequency information is not medically necessary.

1 Prescription of Lorazepam 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Benzodiazepines.

Decision rationale: The MTUS and ODG states that Benzodiazepine (i.e. Lorazepam) is 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 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 medical records indicate that the patient has been on Xanax since at least 2 years, far exceeding the MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for 1 Prescription of Lorazepam 2mg is not medical necessary.

1 Prescription of Hydrocodone /APAP 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 74-95.

Decision rationale: The MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects are required. A pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The patient has been on this medication for approximately 7-8 years, far exceeding the recommended guidelines. The request for 1 prescription of Hydrocodone /APAP 5/325mg is not medically necessary.

1 Prescription of Eszopiclone 3mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, insomnia, Mental Illness, Eszopiclone (Lunesta).

Decision rationale: The ODG states Eszopiclone is not recommended for long-term use, but recommended for short-term use. Eszopiclone is recommended in limiting use of hypnotics to

three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. For insomnia, the ODG recommends that Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Medical documents indicate that the patient has been on Eszopiclone since at least 12/2013, far exceeding guidelines. As such, the request for 1 prescription of Eszopiclone 3mg is not medically necessary.