

Case Number:	CM14-0069704		
Date Assigned:	07/14/2014	Date of Injury:	05/12/2006
Decision Date:	09/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 patient is a 46-year-old female who has submitted a claim for Fibromyalgia, cervical spine/upper back/trapezius strain, lumbosacral sprain/strain, osteoporosis with 1/multiple vertebral compression fractures, weight gain due to immobility, severe depression and anxiety, sleep disorder, hypertension, and probable irritable bowel syndrome as well as bladder syndrome, and multiple chemical sensitivities associated with an industrial injury date of 05/12/2006. The medical records from 2014 were reviewed. Patient complained of pain in the lower back, thoracic spine, neck, bilateral arms and wrists. Pain was described as sharp, aching, numbing, pressure-like, shooting, stabbing, throbbing, tingling, tightness, and stiffness. Pain was rated 8/10 in severity and aggravated by prolonged sitting, standing, lifting, pushing, pulling, and repetitive movements. Alleviating factors included intake of medications and rest. Patient used a wheelchair as assistive device. Patient was unable to propel herself with her arms. Physical examination showed that the patient was alert, oriented, with normal mood and affect. Recent memory was intact. Range of motion of the cervical spine was restricted. Spurling's test and impingement test were negative bilaterally. Motor strength of bilateral upper extremities was graded 4/5. Sensory was normal. The treatment to date has included IM Toradol injection, and medications such as Soma, Dilaudid, Duragesic, Klonopin, Lyrica, and Flector patch, Oxybutynin, Relpax, Cymbalta and Abilify. Utilization review from 4/15/2014 denied the request for Klonopin 0.5 mg Quantity 90 because long-term use was not recommended; denied Lyrica 225 mg quantity 90, Abilify 5 mg quantity 3, and Cymbalta 60 mg Quantity 60 because of absence of current comprehensive physical examination to support the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 19-20, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment 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 action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. In this case, patient has been on Klonopin since November 2013 for anxiety and insomnia. However, there was no recent evidence concerning functional improvement attributed to its use. Moreover, there was no discussion on sleep hygiene. The medical necessity cannot be established due to insufficient information. Therefore, the request for Klonopin 0.5 mg #90 is not medically necessary.

Lyrica 225 mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 19-20, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Lyrica as early as November 2013. Patient's manifestation of chronic neck pain radiating to bilateral upper extremities associated with numbness, is consistent with neuropathic pain. However, there was no objective evidence of pain relief and functional improvement derived from its use. Therefore, the request for Lyrica 225 mg #90 is not medically necessary.

Cymbalta 60 mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 19-20, 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). Pages 43-44 of the CA MTUS Chronic Pain Medical Treatment

Guidelines indicates that duloxetine is recommended as an option in first-line treatment option in neuropathic pain, as well as depression. In this case, patient has been on Cymbalta November 2013 for depression. However, there was no documentation concerning objective functional improvement to support this request. The medical necessity cannot be established due to insufficient information. Therefore, the request for Cymbalta 60 mg #60 is not medically necessary.

Abilify 5 mg quantity 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress chapter, Aripiprazole.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG and FDA were used instead. Official Disability Guidelines indicates that Aripiprazole (Abilify) is an antipsychotic medication for the first-line psychiatric treatment for schizophrenia. The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. In this case, the patient experiences symptoms of anxiety and depression. Patient has been on this medication since at least November 2013. However, there is no documentation as to the severity of the depression to provide evidence for use of this medication as an adjunctive therapy. There was no evidence concerning functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Abilify 5 mg #3 is not medically necessary.