

<b>Case Number:</b>	CM14-0086390		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	07/07/1997
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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, and Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on July 07, 1997. The mechanism of injury was not provided. On August 29, 2014, the injured worker presented with complaints regarding the head, neck, and back. Diagnoses were cervical spondylosis without myelopathy, head injury unspecified, and other syndromes affecting cervical region. Current medications included Prozac, alprazolam, Ritalin, Imitrex, Lunesta, Promethegan, and Maxalt. The physical examination was unremarkable. The provider recommended Sumavel DosePro, Promethegan, Ritalin, Lunesta, Prozac, Imitrex, Maxalt, scopolamine, and Alprazolam. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam (0.5mg tablets):** 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:** The request for Alprazolam is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long-term use due to rapid development of tolerance and dependence, and most guidelines limit the use of 4 weeks. The efficacy of the prior use of the medication was not documented to support continued use; and additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.

**Scopolamine (1.5mg transdermal patches): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicain's Desk Reference (PDR) 2014: Transderm Scopolamine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Scopolamine, Online database (<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682509.html>).

**Decision rationale:** The request for scopolamine transdermal patch is not medically necessary. According to scientific based research, scopolamine is used to prevent nausea and vomiting caused by motion sickness. Side effects of this medication include drowsiness, disorientation, dry mouth, blurred vision, dilated pupils, and confusion. The provider's rationale for the recommended use of scopolamine was not provided. Additionally, the injured worker does not have any signs and symptoms or a diagnosis congruent with the evidence based recommendation for scopolamine. As such, medical necessity has not been established.

**Maxalt (5mg tablets): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicain's Desk Reference (PDR) 2014: Maxalt.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRI (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Maxalt is not medically necessary. California MTUS Guidelines state Maxalt is not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that intermit serotonin reuptake without action of noradrenaline and are controversial based on control trials. It has been suggested that the main role of SSRI may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs for treatment of chronic pain, Maxalt would not be indicated. As such, medical necessity has not been established.

**Imitrex (6mg/0.5ml subcutaneous solution): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIS (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Imitrex is not medically necessary. California MTUS Guidelines state Imitrex is not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that intermit serotonin reuptake without action of noradrenaline and are controversial based on control trials. It has been suggested that the main role of SSRI may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs for treatment of chronic pain, Imitrex would not be indicated. As such, medical necessity has not been established.

**Prozac (20mg capsules):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Prozac is not medically necessary. California MTUS Guidelines state Prozac is not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that intermit serotonin reuptake without action of noradrenaline and are controversial based on control trials. It has been suggested that the main role of SSRI may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs for treatment of chronic pain, Prozac would not be indicated. As such, medical necessity has not been established.

**Lunesta (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, Mental Illness and Stress Chapter: Eszopicolone.

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

**Decision rationale:** The request for Lunesta is not medically necessary. The Official Disability Guidelines do not recommend Lunesta for long-term use. The guidelines recommend limiting the use of hypnotics to 3 weeks maximum in the first 2 months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely if ever recommend them for long-term use. They can be habit forming and may impair function and memory more than opioid pain relievers may. There is also a concern that they may increase pain and depression over a long-term period. The FDA has lowered the recommended starting dose of Lunesta from 2mg to 1mg for both men and women. Previously recommended doses may cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug has been taken. The injured worker's recommendation for 3mg of Lunesta exceeds the guideline recommendation for starting dose of Lunesta. Additionally, the efficacy of the prior use of the medication was not provided. There was subacromial lack of documentation of a diagnosis or signs and symptoms that would be congruent with the guidelines' recommendation for Lunesta. Additionally, the provider's request does not indicate the quantity or frequency of the medication in the request as submitted. As such, medical necessity has not been established.

**Ritalin (10mg tablets): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicain's Desk Reference (PDR) 2014: Ritalin.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Ritalin, online database; (<http://www.rxlist.com/ritalin-side-effects-drug-center.htm>).

**Decision rationale:** The request for Ritalin is not medically necessary. According to scientific based research, Ritalin is a medication that belongs to a drug class called central nervous system stimulants. It is recommended for treating narcolepsy and attention deficit hyperactivity disorder. Common side effects include nervousness, agitation, anxiety, and insomnia; loss of appetite, vomiting, and dizziness. Recommended dose is 10 to 60mg daily, given in 2 to 3 divided doses. The provider's rationale for recommending Ritalin was not provided. Additionally, the injured worker does not have a diagnosis congruent with the scientific based recommendation for Ritalin. The provider's request does not indicate the frequency or quantity of the medication in the request as submitted. As such, medical necessity has not been established.

**Promethegan (25mg): 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 Chapter, Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetic.

**Decision rationale:** The request for Promethegan is not medically necessary. The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with the use of opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids adverse effects including nausea and vomiting are limited to short-term duration and have limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Promethegan for nausea and vomiting secondary to opioid use, the medication would not be indicated. The efficacy of the prior use of the medication was not provided. The provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

**Sumavel DosePro (6mg/0.5ml): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The request for Sumavel DosePro is not medically necessary. California MTUS Guidelines state Sumavel DosePro is not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Selective serotonin reuptake inhibitors are a class of antidepressants that intermit serotonin reuptake without action of noradrenaline and are controversial based on control trials. It has been suggested that the main role of SSRI may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs in pain. SSRIs have not been shown to be effective for low back pain. As the guidelines do not recommend SSRIs for treatment of chronic pain, Sumavel DosePro would not be indicated. As such, medical necessity has not been established.