

Case Number:	CM14-0091218		
Date Assigned:	09/19/2014	Date of Injury:	10/30/2006
Decision Date:	10/17/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Family 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 is a 45-year-old female who reported an industrial injury on 10/30/2006, eight (8) years ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for major depression, pain disorder, panic disorder, and anxiety disorder. The patient is being weaned down and off of lorazepam and onto BuSpar. The patient is noted to be taking Vicodin for pain. The request for authorization included duloxetine 30 mg unspecified quantity; BuSpar 10 mg unspecified quantity; lorazepam 0.5 mg unspecified quantity amitriptyline 25 mg unspecified quantity and Promolaxine. The peer-to-peer conversation with the treating physician resulted in the agreement for this certification of duloxetine 30 mg one tab PO Q day #30 with two refills; BuSpar 10 mg one PO b.i.d. #60 with two refills; lorazepam 0.5 mg one PO QD PRN #30 with no refills; amitriptyline 25 mg one PO QHS #30 with two refills; and promolaxin 100 mg one PO b.i.d. #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duloxetine 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 43-44.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants; Duloxetine

Decision rationale: The prescription of the antidepressant Cymbalta for the treatment of chronic pain is consistent with the recommendations of the Official Disability Guidelines for the treatment of neuropathic pain. The Official Disability Guidelines recommend the use of Cymbalta as a first line treatment for neuropathic pain. There is no documented neuropathic pain documented for this patient as she is treated for Lumbago with no demonstrated objective evidence consistent with a nerve impingement radiculopathy or consistent with chronic regional pain syndrome. There is no demonstrated nerve impingement radiculopathy. The patient is diagnosed with back pain. There is no clinical documentation by the provider to support the prescription for Cymbalta 20 mg q day for the effects of the industrial injury. There was no trial with the recommended tricyclic antidepressants. The patient has not been demonstrated to have functional improvement based on the prescribed significant dose of Cymbalta. There has been no attempt to titrate the patient down or off of the Cymbalta. The prescribing provider did not provide a rationale for the use of the Cymbalta for the treatment of chronic pain and the clinical documentation provided did not note depression or neuropathic pain. There was no documentation of any functional improvement attributed to Cymbalta. There was no objective evidence to support the medical necessity of the prescription for Cymbalta. The patient is given a nonspecific diagnosis and has been prescribed Cymbalta for a prolonged period time without demonstrated functional improvement. There is no documented mental status examination and no rationale to support medical necessity. There is no provided nexus to the stated mechanism of injury five (5) years ago for the current symptoms. Cymbalta is an antidepressant in a group of drugs called selective serotonin and norepinephrine reuptake inhibitors (SSNRIs). Cymbalta is used to treat major depression disorder and general anxiety disorder. Cymbalta is used to treat chronic pain disorder called fibromyalgia, treat pain caused by nerve damage in people with diabetes, and to treat chronic muscular skeletal pain including discomfort from osteoarthritis and chronic lower back pain. The California MTUS guidelines state that Cymbalta is FDA approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. This medication is often used off label for neuropathic pain and radiculopathy. Cymbalta is recommended as a first-line option for diabetic neuropathy. The patient does not have a diagnosis of specific neuropathic pain. There is no demonstrated medical necessity for the continued prescription of Cymbalta 30 mg #30 for the treatment of the effects of the cited industrial injury.

Buspar 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: general disciplinary guidelines for the practice of medicine

Decision rationale: The patient was prescribed Buspirone (Buspar), an anti-anxiety medication, as an adjunct for the treatment of chronic pain. The use of this medication is consistent with the recommendations of the California MTUS, the ACOEM Guidelines, and the Official Disability Guidelines for the treatment of chronic pain and associated anxiety. The use of Buspirone is consistent with the treatment of chronic pain as there is demonstrated medical necessity for the additional prescription of Buspirone in addition to the medications already prescribed. The continued treatment of reported anxiety issues is demonstrated to be medically necessary and the prescription for Buspirone is not generally recommended for the long-term treatment of anxiety issues. The patient should be tapered off this medication in a clinically responsible manner as the other prescribed medications are more effective than Buspirone for the treatment of chronic pain issues. The patient has been diagnosed with anxiety and the continued use of this medication appears to be medically reasonable due to the severity of his psychiatric issues. This medication will act as an adjunct with alprazolam.

Lorazepam 0.5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-- medications for chronic pain; benzodiazepines

Decision rationale: The prescription of Ativan/lorazepam 0.5 mg #30 with refill times two for the treatment of insomnia and anxiety is inconsistent with the recommendations of the California MTUS, ACOEM Guidelines, and the Official Disability Guidelines. The use of Ativan is associated with abuse, dependence; significant side effects related to the psychotropic properties of the medication and is not recommended by the California MTUS. The prescription of Ativan for sleep or anxiety is not recommended due to the potential for abuse and the long half-life of the medication. Alternative medications are readily available for insomnia. The treatment of insomnia is not documented by the provider. No over the counter or other remedies were prescribed prior to prescribing a benzodiazepine. There is no documented alternative treatment with diet and exercise or evaluation of sleep hygiene. There is no demonstrated medical necessity for the prescribed lorazepam.

Amitriptyline 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain

Decision rationale: The prescription of the antidepressant Elavil or Amitriptyline for the treatment of chronic pain is consistent with the recommendations of the ACOEM Guidelines and

the Official Disability Guidelines. The Official Disability Guidelines recommend the use of amitriptyline mg as a first line treatment for neuropathic pain. The patient has not been substantiated to have depression secondary to the cited mechanism of injury. There is no documentation that there is any depression related to the industrial injury and the patient has not received any psychiatric treatment for a depression disorder. There is no clinical documentation that this depression was aggravated by the cited mechanism of injury. The provider has not documented any functional improvement with the prescription of amitriptyline. There is no documentation to support the medical necessity of the prescribed Amitriptyline for an unspecified does for the effects of the industrial injury. The prescription of Amitriptyline is continued for the diagnosis of chronic pain without objective evidence to support medical necessity. The objective findings on examination do not support the subjective complaints. There is no demonstrated medical necessity for more than OTC analgesics. There is no demonstrated medical necessity for the prescription of amitriptyline. However, the peer-to-peer conversation resulted in an agreement for QHS amitriptyline for the treatment of chronic pain, which is consistent with evidence-based guidelines. The prior prescription for an unspecified amount was modified to #30 with two refills.

Promolaxine:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.drugs.com/ppa/docusate.html>, Article Management of Opioid Induced Gastrointestinal Treatment, http://www.medscape.com/viewarticle/427442_5

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 114-16. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) Chapter 6 pages 114-16 Official Disability Guidelines (ODG) Pain chapter opioids

Decision rationale: The prescription of Senekot is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. The patient is not demonstrated to have constipation as a side effect of Hydrocodone or the other prescribed medications. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Promolaxine was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Senekot is demonstrated to be medically necessary with the use of Vicodin; however, Hydrocodone-APAP was discussed to be titrated down and off, which would relieve the cited constipation due to opioids. Docusate is not medically necessary for the treatment of the reported issues for which Vicodin would not be medically necessary. The provider prescribed Vicodin that may lead to constipation for which Promolaxine was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There is no demonstrated medical necessity for the stool softener, docusate, due to the chronic use of opioids.