

<b>Case Number:</b>	CM14-0196922		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	11/05/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 52 year old female injured her knees and lower back at work on 5 Nov 2009. Presently she is diagnosed as having an industrial injury causing degenerative lumbar disc disease, lumbar radiculitis, reflex sympathetic dystrophy in legs, knee internal derangement, chronic low back pain, mood disorder due to a general medical condition (chronic pain), sleep disorder and sexual dysfunction. Comorbid conditions include obesity (BMI 33), history of drug abuse (methamphetamines), Hepatitis C and liver cancer. She also has a history of attempted suicide by medication overdose (July 2012) and has been followed by psychiatry since that event. At her 25 Nov 2014 visit she complained of continued chronic pain requiring opioid medications, poor sleep due to pain and continued depression. Exam showed a mental exam of sad mood, normal affect, normal thought process and content, normal judgment, normal memory and attention, and the patient to be fully oriented. Muscle exam was normal. Exam of back (3 Nov 2014) showed paraspinal tenderness and muscle spasm. Recent psychiatric assessment (25 Nov 2014) is that the patient is stable on medications and psychotherapy. CT of left lower extremity with contrast (9 Sep 2013) showed lateral extrusion of the body of the lateral meniscus and a suggestion of synovitis. CT of right lower extremity with contrast (11 Sep 2013) showed lateral extrusion of the lateral meniscus and moderate to severe fissuring of cartilage of lateral tibial plateau and patella. Lumbar MRI (12 Apr 2010) showed minimal degenerative changes at L4-L5 and L5-S1. Lumbar MRI (13 May 2014) showed L5-S1 disc protrusion effacing right S1 nerve root. Left knee MRI (7 Mar 2014) showed lateral horn tear of lateral meniscus. Treatment has included right knee surgery (2 Jun 2011) and lower back discectomy (15 May 2014), physical therapy, cortisone injection of knees, Orthovisc injection of knees (minimal help), spinal cord stimulator explant (not helpful), psychotherapy and medications (alprazolam, Nucynta, Cymbalta (duloxetine), aspirin, Seroquel (quetiapine), amitriptyline, trazodone, hydrochlorothiazide,

verapamil, citalopram, potassium, Butrans patch, zolpidem, Duexis, morphine, prochlorperazine, ranitidine, Percocet, Lyrica, Neurontin, Sprix, cyclobenzaprine, Lidoderm patch and Topamax).

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Partial hospital program (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**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: American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition, <http://www.guideline.gov/content.aspx?id=24158> Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services Policy on Partial Hospitalization Services, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R10BP.pdf>

**Decision rationale:** A partial hospital program is a type of structured program used to treat mental illness and substance abuse. In this program, the patient continues to reside at home, but commutes to a treatment center up to seven days a week. It is used as an alternative to inpatient psychiatric care as it is able to give the patient more intense care than the care you get in a doctor or therapist's office. These programs are not indicated for use with patients who are otherwise psychiatrically stable or require medication management only. This patient is stable on medication and psychotherapy. There is no indication in the provider's notes that a more intense program is required, thus there is no medical necessity for this service.

### **Alprazolam 0.5mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Part 2 Page(s): 24, 66, 124.

**Decision rationale:** Alprazolam is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient has not been diagnosed with any of the above indications for its use, thus its use is not medically necessary. Because of the danger from withdrawal, as noted above, consideration should be given to continuing this medication long enough to allow safe tapering.

### **Amitriptyline 75mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Part 2 Page(s): 13-15. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic Review of Antidepressants in the Treatment of Chronic Low Back Pain, Staiger TO, et al, Spine 2003;28:2540-2545

**Decision rationale:** Amitriptyline is a tricyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of antidepressants as an optional first line treatment for neuropathic pain with or without signs or symptoms of depression. This patient has been given a trial of this medication and its use did allow improvement in control of the patient's overall pain and sleep. Thus this therapy should be continued.

**Citalopram 20mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines formulary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Part 2 Page(s): 16, 69, 107.

**Decision rationale:** Citalopram is a selective serotonin reuptake inhibitor (SSRI). It is indicated for use in the treatment of depression. As a class SSRIs are not recommended for the treatment of chronic pain although the MTUS does describe its use to treat psychological depression that arises from chronic pain. The patient has a recognized industrial accident-related depression related to chronic pain. As such, there is medical necessity in continuing use of this medication in this patient.

**Quetiapine 50mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402, Chronic Pain Treatment Guidelines Part 2 Page(s): 13. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder, third edition, <http://www.guideline.gov/content.aspx?id=24158>

**Decision rationale:** Quetiapine (Seroquel) is a second-generation antipsychotic approved by the FDA for the treatment of schizophrenia, bipolar disorder and as adjunct treatment of major

depressive disorder. The MTUS does not specifically discuss this medication or this class of medications. The ACOEM and the American Psychiatric Association Guidelines recommend use of these medications as an adjunct to treating depression when the patient is under the care of a psychiatrist, which appears to be the case for this patient. Thus, continued use of this medication is medically necessary.

**Trazodone 100mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Part 2 Page(s): 13-15. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic Review of Antidepressants in the Treatment of Chronic Low Back Pain, Staiger TO, et al, Spine 2003;28:2540-2545

**Decision rationale:** Trazodone is a tetracyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of antidepressants as an optional first line treatment for neuropathic pain with or without signs or symptoms of depression. This patient has been given a trial of this medication and its use did allow improvement in control of the patient's overall pain and sleep. Thus this therapy should be continued.