

Case Number:	CM14-0199350		
Date Assigned:	12/09/2014	Date of Injury:	07/09/2003
Decision Date:	01/26/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old female with the injury date of 07/09/03. Per physician's report 10/08/14, the patient has pain in her lower back and both of her knees. The patient "experiences high levels of stress since she has become homeless." The knee injections have helped quite a bit and she still has disrupted sleep. The patient is using biofeedback, medical hypnotherapy and group therapy. The lists of diagnoses are:1) Left partial TKR with synovitis and recurrent effusions; improved with Plaquenil therapy2) Right knee arthrosis with prior arthroscopy; improved following viscosupplementation series3) Lumbago4) Depression disorder as per psychPer 9/24/14 progress report, the patient has increased right knee pain and decreased left knee pain. The patient has restricted range of lumbar motion. Straight Leg raising is negative. The treater discusses using Marijuana. The lists of diagnoses are:1) Chronic pain syndrome2) Major depressive disorder, single episode moderate3) Generalized anxiety disorder moderate4) Panic disorder with agoraphobia mild to moderateThe utilization review letter 11/03/14 indicates that the patient is currently taking Adderall, Cymbalta, Flexeril, Lorazepam, Lunesta, Prilosec and Skelaxin. The utilization review letter partially certified Adderall, Cymbalta, Lozapepam and Temazapam for one month supply. Treatment reports were provided from 02/19/14 to 10/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall 5 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov: Mention Adderall

Decision rationale: The patient presents with pain in her lower back and knees bilaterally. The patient also presents with psych problems, such as depression, anxiety and panic disorder. The request is for Adderall 5mg, 3month's supply. The patient has been utilizing this medication since at least 10/25/13. California MTUS guidelines do not mention Adderall. Official Disability Guidelines (ODG) does not mention Adderall either. FDA.gov: Adderall and Adderall XR are medications used to treat attention-deficit/hyperactivity disorder (ADHD). Per Aetna guidelines, Adderall require documented diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or narcolepsy. None of the reports discuss the patient's ADHD or Narcolepsy. There is no indication how Adderall has been helpful in managing this patient's psych problems, or why this medication is being prescribed and how it is related to the patient's chronic pain condition. Given the lack of appropriate documentation, the request is not medically necessary.

Cymbalta 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17.

Decision rationale: The patient presents with pain in her lower back and knees bilaterally. The patient also presents with psych problems, such as depression, anxiety and panic disorder. The request is for Cymbalta 60mg, 3 month's supply. California MTUS guidelines page 16 and 17 state, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy." California MTUS guidelines page 43 and 44 states "The FDA notes that although duloxetine was effective for reducing pain in patients with and without major depressive disorder, the degree of pain relief may have been greater in those with comorbid depression." The patient has been utilizing this medication since at least 02/04/08. None of the reports discuss specifically this medication. There is no indication how Cymbalta has helped the patient in terms of pain reduction or functional improvement. The utilization review letter 11/03/14 states "partial-certification: Cymbalta 60mg times one month supply." The request of Cymbalta 60mg 3 month's supply is not medically necessary.

Lorazepam 1 MG: 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 rationale: The patient presents with pain in her lower back and knees bilaterally. The patient also presents with psych problems, such as depression, anxiety and panic disorder. The request is for Lorazepam 1mg 3 month's supply. Lorazepam (trademarked as Ativan or Orfidal) is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. The California MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." The patient has been utilizing this medication since at least 02/04/08. None of the reports discuss specifically this medication. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The utilization review letter 11/03/14 states "partial-certification: Lorazepam 1mg times one month supply." The request of Lorazepam 1mg 3 month's supply is not medically necessary.

Temazepam 30 MG: 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 rationale: The patient presents with pain in her lower back and knees bilaterally. The patient also presents with psych problems, such as depression, anxiety and panic disorder. The request is for Temazepam 30mg. The California MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Official Disability Guidelines (ODG) references the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." This patient appears to have not utilized this medication in the past. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The utilization review letter 11/03/14 states "partial-certification: Temazepam 30mg times one month supply." The request of Temazepam 30mg 3 month's supply is not medically necessary.