MAXIMUS Federal Services

Case Number:	CM14-0201411		
Date Assigned:	12/11/2014	Date of Injury:	10/02/2013
Decision Date:	04/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury on 10/2/13. Currently she complains of persistent right shoulder pain and weakness. Her activities of daily living are compromised. Medications include ibuprofen, alprazolam, and paroxetine. Diagnoses include acute severe right shoulder injury; rule out rotator cuff tear; acute severe cervical sprain, rule out radiculopathy; acute thoracic spine sprain. Treatments to date include arm sling, medication management, and physical therapy. Diagnostic include MRI right shoulder (3/14/14) indicating internal derangement; x-rays of cervical spine, right shoulder. Shoulder surgery has been requested. On 11/7/14 Utilization Review non-certified the request for APAP/ with codeine 300/60 mg # 60; alprazolam 0.5 mg # 30; paroxetine HCL 20 mg # 30 citing MTUS: Chronic Pain Medical treatment Guidelines: Opioids; MTUS: Chronic pain Medical treatment Guidelines: Benzodiazepines; MTUS: Chronic Pain Medical treatment Guidelines: Selective Serotonin Reuptake Inhibitors.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP/ with codeine 300/60mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 34.

Decision rationale: According to the MTUS guidelines, codeine is recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. Abrupt discontinuation after prolonged use may result in withdrawal. In this case, the injured worker is followed for severe pain and shoulder surgical intervention has been requested. At this time, the request for APAP with codeine to address the injured worker's severe shoulder pain is supported while additional treatment is awaited. The request for APAP/ with codeine 300/60mg #60 is medically necessary.

Alprazolam 0.5mg #30: Overturned

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 Benzodiazepines, Weaning of Medications Page(s): 23, 123. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Benzodiazepines.

Decision rationale: According to the MTUS 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. In this case, the medical records indicate that Alprazolam has been prescribed for an extended period of time. According to a recent study noted in ODG, " Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from nonpsychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" The MTUS guidelines also address weaning of medications and in regards to benzodiazepine note that tapering is required if used for greater than 2 weeks. The abrupt discontinuation of this medication is not supported, and modification can not be rendered in this review. Therefore the request for Alprazolam 0.5 mg #30 is medically necessary.

Paroxetine HCL 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotionin reuptake inhibitors (SSRIs) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

Decision rationale: According to ODG, Selective serotonin reuptake inhibitor Paroxetine (Paxil) is recommended as a first-line treatment option for major depressive disorder and PTSD. In this case, a review of the medical records does not establish a diagnosis of depression. With regards to antidepressants for chronic pain, the MTUS guidelines note that Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. The medical records do not establish failure of tricyclic anti-depressant if this medication is being used as an adjuvant for chronic pain. The request for Paroxetine HCL 20mg #30 is not medically necessary.