

Case Number:	CM14-0203669		
Date Assigned:	12/16/2014	Date of Injury:	06/27/2014
Decision Date:	02/05/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehab, 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 54 year old female with an injury date of 06/27/11. Based on the 10/23/14 progress report, the patient complains of low back, bilateral hip, and bilateral shoulder pain which is at 9/10. The patient reports the pain level has increased since the last visit. Current medications are Norco 10/325 3 times a day as needed and Norflex 100mg once per day. The patient uses Capsasin cream, which provides good relief. The patient states the medication provides her minimal relief and decreases the pain from a 9/10 to an 8/10. The patient reports numbness to the bilateral hands and fingers and bilateral heels and feet. There is numbness to the right leg to the heel. The patient has been experiencing intermittent swelling of her upper and lower extremities usually when she awakens from sleep. The gait is antalgic and the range of motion of the lumbar spine is limited in all planes. There is tenderness to the palpation of the lumbar spine with right greater than left sciatic notch tenderness. The sensation is diminished of the right L3-S1 dermatomes. The patient has positive facet provocation test, positive straight leg raise test, and positive slump test on the right side. MRI of the lumbar spine dated 07/15/14 showed mild degenerative disc disease with retrolisthesis L4-5 and L5-S1 with L4-5 mild bilateral neural foraminal narrowing and dextrosciosis. At 4-5, there is central protrusion and facet arthropathy without canal stenosis but with mild bilateral neural foraminal narrowing axial 71. The diagnoses include followings:1. Degenerative disc disease with retrolisthesis at L2-L32. L4-5 moderate canal stenosis3. Lumbar radiculopathy4. Facet arthropathy5. Chronic pain syndromeThe treatment plan is to continue with Norco as needed for severe pain, Norflex as needed for muscle spasms, Prilosec as needed for gastritis. The treater wants to place the patient on a trial of Tylenol III for pain and resume the capsaicin cream for neuropathic pain. The 09/18/14, 08/21/14, 07/24/14 reports show the patient is very depressed with insomnia. The patient has a lot of morbid rumination, hopeless, and helpless. The treatment plan is to continue

with Venaflexine and Wellbutrin for depression, Temazepam for sleep, Xanax for anxiety and panic attacks, Escitalopram for modulate mood, and Hydrocodone for pain per 09/18/14. The treating physician is requesting for TEMAZEPAM 30mg #30, BUPROPION XL 150mg #60, ESCITALOPRAM 10mg #60, and VENLAFAXINE 150mg on 09/18/14. The utilization review determination being challenged is dated 11/01/14. The requesting physician provided treatment reports from 03/25/14-11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Insomnia Treatment

Decision rationale: The request is for Temazepam 30mg #30. The utilization review letter shows, the request is certified with modification to Temazepam 30mg # 14 for weaning purpose. The 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." ODG guidelines have 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." Review of reports shows the injured worker has been taking this medication since at least June 2012. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the treating physician has been prescribing this medication for a long-term basis, the request is not medically necessary.

Bupropion XL 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The request is for Bupropion XL 150mg #60. The utilization review letter shows the request is certified with modification to Bupropion XL 150mg #45. Regarding

Bupropion XL, MTUS, page 13-16 states that "Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain." In this case, the medication has been prescribed since 07/24/14 for depression. The treater does not document any efficacy. There is no discussion that this medication has been helpful with pain, function or reducing depression symptoms. In fact, in the recent report dated 09/18/14, the patient "feels more depressed and upset." The request is not medically necessary.

Escitalopram 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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, Anxiety medications in chronic pain.

Decision rationale: The request is for Escitalopram 10mg #60. The utilization review letter shows the request is certified with modification to Escitalopram 10mg #30. ODG guideline, pain (chronic) chapter, states regarding Escitalopram as "Recommended as a first-line treatment option for major depressive disorder." In this case, the medication has been prescribed since 07/24/14 for depression. The guidelines support the use of this medication for severe depression that this patient suffers from. However, there is no discussion that this medication has been helpful with pain, function or reducing depression symptoms. In fact, in the recent report dated 09/18/14, the patient "feels more depressed and upset." MUTS page 60 requires recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

Venlafaxine 150mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Venlafaxine Page(s): 123.

Decision rationale: The request is for Venlafaxine 150mg. The utilization review letter shows, the request is certified with modification to Venlafaxine 150mg up to #17. Regarding Venlafaxine, MTUS page 123 states "Recommended as an option in first-line treatment of neuropathic pain. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic

side effects."In this case, the injured worker has been using this medication in combination with Bupropion for depression management per 09/18/14. However, there is no documentation of benefit from the use of this medication with the recent report dated 09/18/14 showing increased depression as the injured worker "feels more depressed and upset." The request is not medically necessary.