

Case Number:	CM14-0205824		
Date Assigned:	12/17/2014	Date of Injury:	12/23/1992
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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: Physical Medicine & Rehabn

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 64-year-old male with date of injury of 12/23/1992. The listed diagnosis from 06/16/2014 is major depressive disorder, recurrent. According to this report, "He is sending 100 ██████ to ██████ and that's my brothers. He has a year supply of food, water, sometimes 1 year. He fears martial law. I'll go to the mountains and wait 4 months, he said. He got a new riffle and feels pretty good about that. He is dealing with depression about dysfunction." This psychiatric report shows no speech difficulties, no disorientation to person, no dangerous thoughts reported. Good arithmetic ability was demonstrated with no difficulty performing mental calculations. The patient's current list of medications includes alprazolam, atenolol, benztropine, famotidine, Lunesta, perphenazine, and trazodone. The patient's PHQ-9 score is 16. No other findings were noted on this report. Treatment reports from 03/31/2014 to 06/16/2014 were provided for review. The utilization review qualified the request for trazodone and alprazolam and denied eszopiclone, benztropine, and perphenazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain; <http://www.odg-twc.com/odgtwc/pain.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter on eszopiclone (Lunesta).

Decision rationale: This patient presents with major depressive disorder. The treating physician is requesting Eszopiclone 3 mg quantity 30. The MTUS and ACOEM Guidelines are silent with regard to this request. However, the ODG Guidelines on eszopiclone (Lunesta) states, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." In addition, MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. The records show that the patient was prescribed eszopiclone on 03/31/2014. None of the reports document medication efficacy as it relates to the use of eszopiclone. Given the lack of functional improvement while utilizing this medication, the request is not medically necessary.

Benztropine Mesylate 2 mg #30: Upheld

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 medications for chronic pain Page(s): 60. Decision based on Non-MTUS Citation National Library of Medicine <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682155.html>.

Decision rationale: This patient presents with major depressive disorder. The treating physician is requesting benztropine mesylate 2 mg quantity 30. Benztropine mesylate(Trade Names Cogentin Apo-Benztropine) is for treatment of all forms of parkinsonism; control of extrapyramidal disorders (except tardive dyskinesia) caused by neuroleptic drugs. MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should be recorded. The records show that the patient was prescribed benztropine mesylate on 03/31/2014. In this case, there is no documentation of the patient being diagnosed with Parkinson's disease or tremors caused by current medications. The National Library of Medicine online [REDACTED] provides discussion regarding medication indications and there is no support for this medication in the records provided. Additionally, the treating physician does not discuss why this medication is being prescribed for the patient. None of the reports document medication efficacy as it relates to the use of benztropine mesylate. Given the lack of documented functional improvement while utilizing benztropine, the request is not medically necessary.

Trazodone HCL 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Page(s): 13-15.

Decision rationale: This patient presents with major depressive disorder. The treating physician is requesting Trazodone HCL 50 mg quantity 30. The MTUS Guidelines page 13 to 15 on antidepressants states that they are considered the first line option for neuropathic pain and there is a possibility for non-neuropathic pain. Tricyclics are generally considered first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medications, sleep quality, duration, and psychological assessment. The records show that the patient was prescribed trazodone on 03/31/2014. None of the reports document medication efficacy as it relates to the use of trazodone. While the patient presents with depressive symptoms, MTUS page 8 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. Given the lack of documented medication efficacy as it relates to the use of trazodone, the request is not medically necessary.

Perphenazine 2 mg #30: Upheld

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 medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter on Eszopiclone (Lunesta).

Decision rationale: This patient presents with major depressive disorder. The treating physician is requesting Perphenazine 2 mg quantity 30. The MTUS and ACOEM Guidelines do not address this request; however, ODG Guidelines under the mental stress chapter on atypical antipsychotic states, "Not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (e.g. quetiapine, risperidone) for conditions covered in ODG. Adding atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Antipsychotic drugs are commonly prescribed off label for a number of disorders outside of the FDA-approved indications, schizophrenia, and bipolar disorder." The records show that the patient was prescribed perphenazine on 03/31/2014. MTUS page 60 on medications for chronic pain states that a record of pain and function with medication should also be documented. None of the reports discussed medication efficacy as it relates to the use of perphenazine. Given the lack of functional improvement while utilizing this medication, the request is not medically necessary.

Alprazolam 0.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Page(s): 24.

Decision rationale: This patient presents with major depressive disorder. The treating physician is requesting Alprazolam 0.5 mg quantity 60. Alprazolam is a benzodiazepine and the MTUS Guidelines page 24 on benzodiazepine states that it is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The records show that the patient was prescribed alprazolam on 03/31/2014. In this case, the MTUS Guidelines do not support the long-term use of benzodiazepines. The request is not medically necessary.