

<b>Case Number:</b>	CM14-0207561		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 51 year old female with an injury date on 09/25/2009. Based on the 11/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Depressive disorder not otherwise specified with anxiety and panic feelings. 2. Psychological Factors Affecting Medical Condition (stress-intensified headache, teeth, grinding, dermatological reaction, neck/shoulder/back muscle tension/pain, nausea, vomiting, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, constipation and irritable bowel syndrome. According to this report, the patient complains of "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The Objective findings indicate "Aforementioned symptoms observable." The patient is "Permanent and Stationary at a marked degree of permanent mental and behavioral impairment" according to the Comprehensive report dated 09/04/2014. The information provided in this report are unchanged from 09/08/2014 report. There were no other significant findings noted on this report. The utilization review denied the request for (1) Sertaline #60 with 2 refills, (2) Fioricet #60 with 2 refills, (3) Tylenol #4, #90 with 2 refills, (4) Xanax #60 with 2 refills with 2 refills, (5) Soma with 2 refills, and (6) Prosom #30 with 2 refills on 11/12/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment report from 04/15/2014 to 11/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sertraline 100mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; SSRIs; medication for chronic pain Page(s): 13-15; 107; 60.

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Sertraline 100mg #60 with 2 refills. The MTUS pages 13-15 states, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." In reviewing the provided reports, the patient has been taking Sertraline for her depression and it is unknown exactly when the patient initially started taking this medication. However, the treating physician does not document the efficacy of the medication as required by the MTUS page 60. Therefore, the request is not medically necessary.

**Fioricet #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

**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: Fioricet

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Fioricet #60 with 2 refills. Regarding Fioricet, ODG guideline states "Not recommended" and do not support the uses of this medication. Therefore, the request is not medically necessary.

**Tylenol #4 QTY #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ongoing management Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60, 61; 88, 89; 76-78.

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Tylenol #4 QTY #90 with 2 refills. For chronic opiate use, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs [activities of daily living], adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the provided reports does not mention Tylenol #4 usage and it is unknown exactly when the patient initially started taking this medication. In this case, the documentation provided by the treating physician does not show any pain assessment and no specific ADL's are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

**Xanax 0.5mg #60 with 2 refills with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Xanax 0.5mg #60 with 2 refills. MTUS guidelines page 24 do not recommend for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the available records indicate that this medication is been prescribed longer than the recommended 4 weeks. The treating physician is requesting Xanax #60 with 2 refills and this medication is not recommended for long term use. The treater does not mention that this is for a short-term use. Therefore, the current request is not medically necessary.

**Soma 350mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/soma Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64; 63.

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Soma 350mg with 2 refills. For muscle relaxants for pain, the MTUS Guidelines page 63 states "Recommended non-sedating muscle relaxants with caution as a second line

option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Soma with 2 refills and it is unknown exactly when the patient initially started taking this medication. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

**Prosom 2mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Insomnia treatment

**Decision rationale:** According to the 11/03/2014 report, this patient presents with "depression, anxiety, sleep problems, inability to relax, panic, emotional withdrawal, isolation." The current request is for Prosom 2mg #30 with 2 refills. The MTUS and ACOEM Guidelines do not address Prosom; however, ODG Guidelines states that Prosom is a "FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), quazepam (Doral), and temazepam (Restoril). Triazolam (Halcion) 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." In reviewing the provided reports, the treating physician does not document that the patient has depression and sleep disturbance and requested Prosom #30 with 2 refills. The treater does not mention that this is for a short-term use and it is unknown exactly when the patient initially started taking this medication. ODG Guidelines does not recommend long-term use of this medication. Therefore the current request is not medically necessary.