

Case Number:	CM15-0002120		
Date Assigned:	01/13/2015	Date of Injury:	12/31/2007
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey

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 a 67 year old female, who sustained an industrial injury on 12/31/2007, while doing clerical work for a construction company. The injury resulted from continuous trauma due to repeated lifting, pushing, and pulling. The diagnoses have included depressive disorder not otherwise specified, psychological factors affecting medical condition, and a history of substance abuse. Treatment to date has included conservative measures. An Agreed Medical Examination Report, dated 1/09/2013, noted radiographic testing results. The cervical spine report noted disc space narrowing at C4-C7, left shoulder showed type II acromion, bilateral wrists/hands showed no evidence of fracture or dislocation, thoracic spine showed spurring throughout with well preserved intervertebral disc spaces, and the lumbosacral spine showed no abnormalities. A prior lumbar injury was referred to in 1980, following a fall, but full recovery was reported. Currently, the injured worker complains of persistent symptoms of depression, anxiety, and stress related medical complaints secondary to industrial related damage to psyche. The combination of all prescribed medications was documented as improving anxiety, depression, confusion, emotional control, and stress intensified medical complaints. Objective findings included a depressed facial appearance and visible anxiety. Subjective reports of improvement included less time in bed, less isolation, and less nervousness. A detailed physical examination, including the injured worker's pain sites, was not noted. The duration of use for the prescribed medications was not noted. On 12/03/2014, Utilization Review (UR) non-certified a prescription for Ambien 10mg #30 with 1 refill, noting the lack of compliance with Official Disability Guidelines. The UR modified a prescription request for Valium 10mg #30 with 2

refills to Valium 10mg #30 with one refill, citing Official Disability Guidelines. The UR modified a prescription request for Bupropion 100mg #60 with 2 refills to Bupropion 100mg #60 with 1 refill, citing ACOEM Guidelines. The UR modified a prescription request for Prozac 20mg #60 with 2 refills to Prozac 20mg #60 with 1 refills, citing Official Disability Guidelines. The UR modified a prescription request for Tylenol #4, #120 with 2 refills to Tylenol #4, #90, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #30 with 2 refills: 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 Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects, except in special cases where they are followed by a psychiatrist. In the case of this worker, there is already use of first line therapy for depress and anxiety (antidepressants) and the need for additional medication (Valium) seems to be appropriate as the use of Valium appears to be leading to functional gains and improvements in her average anxiety symptoms as documented in the notes. Therefore, considering the severity of the case, the Valium helping, and her being monitored closely by a psychiatrist, the Valium will be considered medically necessary.

Bupropion 100mg #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain And Bupropion Page(s): 13-16, 27.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been

suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. Bupropion has been shown to help relieve neuropathic pain and may be recommended as a third line medication for neuropathy who may have not had a response to a tricyclic or SNRI. Bupropion is also recommended as a first-line treatment option for major depressive disorder. In the case of this worker, as she has been showing benefit with the daily use of this medication for her depression as documented in the notes available for review, it seems appropriate and medically necessary to continue it. Although she is using multiple medications for her psychiatric illnesses, she is being closely monitored by a psychiatrist, which is acceptable.

Prozac 20mg #60 with 2 refills: 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 (Chronic)

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted.

Ambien 10mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ambien

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, there was chronic use of this medication longer than the recommended duration. Although some evidence suggests longterm use might be safe, other evidence suggests common side effects and risks are potential which grow with longer-term use. Therefore, the Ambien will be considered medically unnecessary to continue, and other methods to help manage her sleep disorder is recommended.

Tylenol No. 4 #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to suggest this full review was completed at the time of this request for renewal. In particular there was insufficient reports to show functional gains directly related to the use of Tylenol #4. Also, for any narcotic, prescribing more than one month's supply is not generally accepted. Therefore, the Tylenol #4 will be considered medically unnecessary.