

Case Number:	CM15-0104130		
Date Assigned:	06/08/2015	Date of Injury:	03/18/2004
Decision Date:	09/22/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/01/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

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 59-year-old male who sustained industrial injuries on 3/18/2004 resulting in chronic pain, nervousness, sleeplessness, hypervigilance, and panic attacks. He was diagnosed with post-traumatic stress disorder, major depressive disorder, general anxiety disorder, and insomnia. Treatment has included medication and visits with a psychologist. The injured worker continues to report ongoing symptoms. The treating physician's plan of care includes Temazepam 30 mg and Lorazepam 0.5 mg. Work status is not present in provided documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 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 (ODG): Pain (Chronic): Temazepam (2015), Official Disability Guidelines (ODG), Mental Illness & Stress: Insomnia treatment (2015).

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

Decision rationale: According to the MTUS, the use of benzodiazepines is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the patient has been using this medication for longer than four weeks and the continued use is not medically necessary.

Lorazepam 0.5mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic): Lorazepam (2015).

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

Decision rationale: According to the MTUS, the use of benzodiazepines is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the patient has been using this medication for longer than four weeks and the continued use is not medically necessary.

Buspar 10mg #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 (ODG), Mental Illness & Stress Mental Illness & Stress; Post Traumatic Stress Disorder (PTSD) Pharmacotherapy (2015), Official Disability Guidelines (ODG), Pain (Chronic) Anxiety medications for chronic pain (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: According to the FDA, Buspar is indicated for the treatment of generalized anxiety disorder (GAD). The initial dose is 7.5 mg twice daily; may increase every 2-3 days in increments of 2.5 mg twice daily to a maximum of 30 mg twice daily; a dose of 10-15 mg twice

daily was most often used in clinical trials that allowed for dose titration. The documentation supported the use of this medication has been previously effective in the treatment of the patients symptoms of anxiety. The continued use of Buspar is medically necessary.

Cymbalta 60mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anxiety & depression Page(s): 15 and 16.

Decision rationale: According to the MTUS, cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. Neuropathic pain (off-label indication): 37.5 mg once daily, increase by 37.5 mg per week up to 300 mg daily. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. In this case the patient has a diagnosis of generalized anxiety disorder and depression. The patient is taking cymbalta 60mg twice daily for these diagnosis. The use of cymbalta for GAD and depression is medically necessary.