

Case Number:	CM15-0107801		
Date Assigned:	06/12/2015	Date of Injury:	12/11/2009
Decision Date:	08/05/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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 York
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67 year old man sustained an industrial injury on 12/11/2009. The mechanism of injury is not detailed. Diagnoses include anxiety, depression, and stress-related medical complaints. Treatment has included oral medications. Physician notes dated 3/25/2015 show complaints of tension headache, muscle tension, jumpiness, restlessness, changes in appetite, and lack of motivation. Recommendations include continuing the current medications regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP), Therapeutic trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Tylenol with Codeine is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. Tylenol #4 has twice as much codeine as Tylenol #3. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit, return to work, random drug testing, or opioid contract. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Prazosin 5mg w/ 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 procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Prazosin.

Decision rationale: According to the ODG, Prazosin is a sympatholytic drug used to treat hypertension, anxiety, panic disorder and post-traumatic stress disorder. In this case, the patient has a diagnosis of major depressive disorder and generalized anxiety disorder. Prior review indicated that use of this medication had not resulted in any objective functional gain. There is no documentation indicating that this medication has proven to be beneficial. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Buspar 10mg w/ 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 procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anxiety, Buspar.

Decision rationale: Generalized anxiety disorder (GAD) is characterized by anxiety/tension, excessive worry, restlessness, fatigability, poor concentration, irritability, muscle tension and poor sleep. Treatment for GAD is patient specific. SSRIs or SNRIs are typically first line agents for GAD. Some patients may require adjunctive psychotherapy, such as cognitive behavioral therapy (CBT) or may prefer psychotherapy, instead of pharmacotherapy. Buspar (Buspirone) is a 5-HT_{1A} agonist that is approved for short-term relief of anxiety symptoms. Efficacy is decreased in patients with recent prior benzodiazepine use. In this case, the patient has a

diagnosis of major depressive disorder and generalized anxiety disorder. Prior review indicated that use of this medication had not resulted in any objective functional gain. There is no documentation indicating that this medication has been proven to be beneficial. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Sertraline 50mg w/ 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), Mental Illness and Stress procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSRIs.

Decision rationale: Selective serotonin re-uptake inhibitors (SSRIs), such as Sertraline, are recommended for the treatment of depression. They are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. Selective serotonin reuptake inhibitors (SSRIs), a class of anti-depressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. In this case, the patient has a diagnosis of major depressive disorder and generalized anxiety disorder. Prior review indicated that use of this medication had not resulted in any objective functional gain. There is no documentation indicating that this medication has proved beneficial. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.

Prosom 2mg w/ 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), Mental Illness and Stress procedure summary.

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

Decision rationale: According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Estazolam (Prosom) is a benzodiazepine derivative having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of benzodiazepines for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. There are no guideline criteria that supports the long-term use of benzodiazepines. Prior review indicated that use of this medication had not resulted in any objective functional gain.

There is no documentation indicating that this medication has proven to be beneficial. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Venlafaxine 75mg w/ 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), Mental Illness and Stress procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SSNRIs.

Decision rationale: According to the ODG, Venlafaxine (Effexor) is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective serotonin and norepinephrine reuptake inhibitors (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for the treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anti-cholinergic side effects. In this case, the patient has a diagnosis of major depressive disorder and generalized anxiety disorder. Prior review indicated that use of this medication had not resulted in any objective functional gain. There is no documentation indicating that this medication has been proven to be beneficial. Medical necessity for the requested medication is not established. The requested medication is not medically necessary. Of note, withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation.