

Case Number:	CM15-0108539		
Date Assigned:	06/15/2015	Date of Injury:	09/17/2003
Decision Date:	09/08/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 37-year-old male, who sustained an industrial injury on 09/17/2003 resulting in lower back pain. Treatments to date have included medication, TENS, surgical intervention, lumbar injections, and psyincludod Tramadol, Flexeril, hydrocosone, Naloxone, and MS Contin. Diagnoses included lumbar disc degenerative disease, lumbar facet arthropathy, s/p lumbar laminectomy, s/p lumbar microdiscectomy, lumbar radiculopathy, and chronic pain. 05/11/2015 the patient saw [REDACTED] for pain management who noted that on 03/12/15 his Beck Depression Inventory was 29, indicating a severe level of depression. Post op exam showed clean and dry lumbar spine dressing without exudate and intact staples. He was on multiple pain medications. [REDACTED]. The patient saw [REDACTED] in psychiatric follow up on 05/12/2015. Subjective symptoms reported were appetite changes, lack of motivation, difficulty getting to sleep/staying asleep, excessive worry, agitation, restlessness, feeling on edge, inability to relax, shortness of breath, tension headaches, muscle tension, temporomandibular joint clenching, increased pain, nausea, and constipation or diarrhea. Improvements noted were in concentration, decreased irritability, and decreased yelling. The patient presented with depressed facies and visible anxiety. Requested treatments are Alprazolam, Atarax, Zolpidem CR, Venlafaxine XR and Compazine. UR of 05/28/15 modified alprazolam, Atarax, zolpidem CR, venlafaxine XR, and denied Compazine. the patient has been prescribed alprazolam, Atarax, zolpidem, and venlafaxine since at least 12/09/14, which is the earliest record I was provided for review. At that time [REDACTED] objected to a UR in which all of these treatments were noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg #90 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: Anxiety medications in chronic pain (4/30/15) and Opioids for chronic pain (4/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

Decision rationale: Alprazolam is a benzodiazepine, which is not recommended per MTUS for long term use of greater than 4 weeks due to the potential for abuse and dependence, and diminishing anxiolytic effect over long term use. In anxiety disorders, ODG recommends an antidepressant (SSRI/ SNRI) as first line treatment for anxiety disorders, with benzodiazepines used in the acute phase only. The patient is prescribed venlafaxine, an SNRI antidepressant. He is being managed with multiple opioids and Flexeril for pain management. The combination of those, in addition to alprazolam and zolpidem CR places the patient at high risk for at the least sedation and falls, and at worst respiratory depression and death. UR's of 12/24/14 and beyond have modified this request for weaning, there has been ample time for this to have occurred. This request is not medically necessary.

Atarax 25 mg #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 (ODG), Pain: Anxiety medications in chronic pain (4/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS is silent regarding Atarax. Official Disabilities Guidelines, Antianxiety medications in chronic pain.

Decision rationale: Atarax (hydroxyzine) is an antihistamine which can be used for its anxiolytic effects. It has virtually none of the problems associated with benzodiazepines (e. g. abuse, dependence, or addiction), but has much of the efficacy in alleviating anxiety. It does however have a slowing effect on the CNS and can potentiate other medications such as opioids and should be evaluated for drug: drug interactions. The patient has been prescribed Atarax since at least 12/2014, and given his diagnosis of generalized anxiety disorder with panic, would be considered medically necessary and appropriate but I found no documentation of the efficacy for symptoms or rationale for its continued use. Although [REDACTED] is decreasing and weaning the patient from hydrocodone, MS Contin, and Flexeril; and alprazolam and zolpidem are being noncertified in this UR, there remains the risk of potentiation of all of these medications which places the patient at high risk of possible dangerous adverse events. This request is therefore not medically necessary.

Zolpidem CR 12. 5mg #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): Insomnia treatment (4/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS is silent regarding zolpidem CR. Official Disabilities Guidelines, Zolpidem.

Decision rationale: Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. It can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been prescribed zolpidem CR since at least 12/2014, with no documented efficacy or rationale for its continued use. He is also on opioid pain medication, Flexeril, Atarax, and alprazolam; medications with CNS effects which cause sedation. The drug: drug interactions can clearly lead to dangerous adverse events which may imperil the patient's life. This request is not medically necessary.

Venlafaxine XR 150mg #30 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), Pain: Anxiety medications in chronic pain (4/30/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS is silent regarding venlafaxine for major depressive disorder. Official Disabilities Guidelines, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Many treatment plans start with a category of medication called selective serotonin reuptake inhibitors (SSRIs), because of demonstrated effectiveness and less severe side effects. Increasing evidence of the importance of norepinephrine in the etiology of depression has led to the development of a new generation of antidepressants, the serotonin and norepinephrine reuptake inhibitors (SNRIs), which includes venlafaxine. There is a paucity of documentation in psychiatric follow up regarding the efficacy of venlafaxine on the patient's depression. There is a Beck Depression Inventory of 29 (severe) on 03/12/15 which [REDACTED] (pain management) refers to. I see no quantitative evidence of efficacy in psychiatric follow up, e.g. scales. Each office visit note is essentially the same. However, the patient does suffer from MDD and an antidepressant is medically necessary. He is being weaned from his opioid pain medications and Flexeril; and his Atarax and alprazolam have been noncertified in this review. It would be contraindicated to abruptly discontinue the patient's complete medication regimen and risk destabilization and decompensation. This request is therefore medically necessary.

Compazine 10mg #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: Antiemetics (4/30/15).

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 Antiemetics (for opioid nausea).

Decision rationale: ODG does not recommend anti-emetics for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. Compazine (phenothiazine) is an antipsychotic. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileus). There is a paucity of documentation to show the rationale for ordering this medication. This request is not medically necessary.