

Case Number:	CM15-0130947		
Date Assigned:	07/17/2015	Date of Injury:	05/21/2007
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 5/21/07. The mechanism of injury was not documented. The injured worker was diagnosed as having cervical spondylosis, left cubital tunnel syndrome and left medial humeral epicondylitis. Treatment to date has included cervicothoracic laminectomy with spinal fusion 2007, cervicothoracic laminectomy with removal of spinal instrumentation, activity restrictions, oral medications including Amitriptyline, Vicodin, Robaxin, Crestor, Lisinopril, Toprol XL, Levothyroid, Lexapro, Diazepam, Vitamin D, aspirin and Invokana and topical medications including Voltaren gel and Lidoderm patch, physical therapy and home exercise program. Currently on 5/27/15, the injured worker complains of markedly increased neck without new trauma. Work status is retired. Physical exam performed on 5/27/15 revealed tenderness of cervical spine with guarded and decreased range of motion. The treatment plan dated 5/27/15 included rest, Voltaren Gel and (MRI) magnetic resonance imaging of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elavil 25mg #30 per 3/13/15 order with 2 refills: Upheld

Claims Administrator guideline: Decision based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Antidepressants for chronic pain, page 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 24, 80.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Elavil (Amitriptyline), are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, the patient has chronic neck pain. She has had prior use of Elavil; however, there is no documentation of objective functional improvement as a result of this medication. On March 13, 2015, the injured worker reported that she was able to fall asleep, however, unable to stay asleep, and awoke at least 6-7 times per night. It is unclear how long she has used Elavil. There is no documentation of medical need to continue this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Valium 5mg #15 per 3/13/15 order 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 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. Diazepam is a long-acting benzodiazepine, having anxiolytic, sedative, and hypnotic properties. Most guidelines recommend the use of Diazepam 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 support the long-term use of benzodiazepines. In this case, there was no documentation of the indication and duration of use. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Lexapro 10mg #30 per 3/13/15 order with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 16, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific antidepressants Page(s): 16.

Decision rationale: Lexapro (Escitalopram) is a selective serotonin reuptake inhibitor (SSRI), "a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials." The CA MTUS guidelines suggest the main role of SSRIs may be addressing psychological symptoms associated with chronic pain. According to

the ODG, Lexapro is recommended as a first-line treatment option for major depressive disorder and PTSD. In this case, the injured worker has a diagnosis of anxiety and depression. Documentation does not indicate the injured worker has improved mental health due to the use of Lexapro. The medical necessity of Lexapro has not been established. The requested medication is not medically necessary.