

Case Number:	CM15-0134741		
Date Assigned:	07/23/2015	Date of Injury:	01/05/1999
Decision Date:	09/24/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/13/2015

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 55 year old female, who sustained an industrial injury on 1/5/1999. The mechanism of injury is unclear. The injured worker was diagnosed as having pain in hand joint, depression, chronic pain syndrome, chronic left thumb pain status post 5 left thumb surgeries including fusion. Treatment to date has included 5 left thumb surgeries, and medications. The request is for Venlafaxine HCL 37.5mg 2 tablets twice daily #120; Ambien 5mg one tablet at bedtime as needed for insomnia #30 with 1 refill; Venlafaxine HCL ER 37.5mg 2 tablets twice daily #120; and Vicodin 5-300mg one tablet twice daily as needed for pain #60. On 5/6/2015, she is seen for repeat right thumb injection and follow-up. She reported that the previous thumb injection on 5/7/2014 was helpful and decreased her thumb pain by 80-90% and lasted for approximately 10 weeks. She rated her current pain as 5/10. She continued to note good benefit with Venlafaxine ER, Ambien, Gabapentin, and Vicodin, and occasional use of topical Diclofenac. She indicated Vicodin to give good benefit and denied adverse effects. She indicated she is sleeping better with Ambien and she also reported benefit with the use of Venlafaxine ER. She continued to note difficulty with gripping and grasping and increased pain with any attempt to move the thumb. She was given prescriptions for Vicodin, Ambien and Venlafaxine HCL ER. She is noted to have been on Vicodin, Venlafaxine, and Ambien since at least January 2014, possibly longer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine HCL ER 37.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Functional restoration approach to chronic pain management Page(s): 13-16, 1, 8 and 9.

Decision rationale: According to the CA MTUS, Venlafaxine is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off-label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. Dosage requirements are necessary in patients with hepatic and renal impairment. Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics 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. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The side effects of antidepressants, including excessive sedation (especially that which would affect work performance), should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The optimal duration of treatment is not known because most double-blind trials have been of short duration (6-12 weeks). It has been suggested that if pain is in remission for 3-6 months, a gradual tapering of anti-depressants may be undertaken. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. This patient has been prescribed Venlafaxine since January 2014, without indication of functional improvement. She reported having good benefit with Venlafaxine; however the good benefit is not described. The records do not document her current function, any current changes in use of other analgesic medication, her current sleep quality and duration, and a current psychological assessment. There is a behavioral and psychological evaluation dated 11/19/2014, however, her evaluations following this date do not continuously update or indicate assessment of her psychological status. In addition, her current work status is not indicated. She has continued to be dependent on medical treatment with a repeat injection of the right thumb. Based on these findings, medical necessity for the requested medication has not been established. Of note,

withdrawal effects can be severe. Abrupt discontinuation should be avoided and tapering is recommended before discontinuation. The requested medication is not medically necessary.

Ambien 5 mg #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 (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Sedative hypnotics, Ambien, Zolpidem.

Decision rationale: According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, she is noted to have been undergone cognitive behavioral therapy in 2013, but not currently. She indicated she was sleeping improved with the use of Ambien. However, her current sleep quality was not described, and sleep duration was not indicated. In addition, she has been utilizing Ambien beyond the recommended short term of 7-10 days. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Vicodin 5/300 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone, Functional restoration approach to chronic pain management Page(s): 74-95, 1, 8-9 and 51.

Decision rationale: Per the CA MTUS guidelines Vicodin (Hydrocodone) is a semi synthetic opioid which is considered the most potent oral opioid that does not require special documentation for prescribing in some states (not including California). The CA MTUS guidelines state there are 4 A's for ongoing monitoring of opioids: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). On-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting

functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit,; and a reduction in the dependency on continued medical treatment. In this case, the documentation indicated she is noted to have had good benefit with Vicodin and denied any adverse effects. However, the documentation does not indicate her current level of pain with Vicodin; her least reported pain over the period since her last assessment; her average pain with the use of Vicodin; the intensity of her pain after taking Vicodin; how long it takes for pain relief to occur with the use of Vicodin; how long pain relief lasts with the use of Vicodin. The documentation does not indicate aberrant behaviors, or a current urine drug screen. The documentation does not indicate her current work status or a reduction in the dependency on continued medical treatment, as evidenced by the refilling of medications and repeat thumb injection. Based on these findings, it is determined that Vicodin 5/300 mg #60 is not medically necessary.