

Case Number:	CM15-0142165		
Date Assigned:	08/03/2015	Date of Injury:	03/25/2011
Decision Date:	09/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/22/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 3-25-2011. The mechanism of injury is injury from attempting to lift a heavy water pump onto the back of his truck. The current diagnoses are adhesive capsulitis, rotator cuff syndrome, status post left shoulder arthroscopy (3-20-2015), myofascial pain, chronic pain syndrome, and major depression (recurring). According to the progress report dated 5-22-2015, the injured worker complains of neck, back, and bilateral shoulder pain. The pain is described as achy, burning, cramping, and dull. On a subjective pain scale, he rates his current pain as 8 out of 10, least reported pain since last assessment is 6 out of 10, average pain 8 out of 10, and intensity of pain after taking the opioid as 6 out of 10. In addition, he reports depression, anxiety, stress, alcohol use, and inability to sleep. The current medications are Percocet. Other medications that were prescribed and denied are Cymbalta, Pamelor, Trazadone, and Temazepam. There is documentation of ongoing treatment with Nortriptyline, Cymbalta, and Trazadone since at least 12-19-2014. It is unclear when Temazepam was originally prescribed. Treatment to date has included medication management, x-rays, physical therapy, home exercise program, MRI studies, acupuncture, cognitive behavioral therapy, and surgical intervention. Work status was described as temporarily totally disabled. A request for Temazepam, Duloxetine, Nortriptyline, and Trazadone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg Qty 30 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 the CA MTUS Chronic Pain Medical Treatment Guideline, benzodiazepines are 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 guidelines do not recommend long-term use of benzodiazepines. Most guidelines limit use up to 4 weeks. Giving a 3 month (90 day supply) would be beyond what is recommended. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Temazepam is not medically necessary.

Duloxetine 60 mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin noradrenaline reuptake inhibitors (SNRI) Page(s): 105, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Cymbalta (Duloxetine) is an antidepressant in the class called Selective serotonin and norepinephrine reuptake inhibitors (SNRIs). The guidelines recommend Cymbalta be used as an option in first-line treatment of diabetic neuropathy. More studies are needed to determine the efficacy of Duloxetine for other types of neuropathic pain. It has FDA approval for treatment of depression, generalized anxiety disorder, diabetic neuropathy, and fibromyalgia. No high quality evidence is reported to support the use of Duloxetine for lumbar radiculopathy. In this case, Duloxetine is FDA approved for treatment of depression and generalized anxiety disorder. There is documentation of ongoing treatment with Duloxetine since at least 12-19-2014. Despite, ongoing treatment, the injured worker continues to report depression and anxiety. In addition, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Duloxetine is not medically necessary.

Nortriptyline 50 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16, 122.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tricyclic medications are recommended, and 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 this case, there is documentation of ongoing treatment with Nortriptyline since at least 12-19-2014. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Furthermore, the injured worker is currently taking Duloxetine. There is no recommendation for treatment with two antidepressants. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Nortriptyline is not medically necessary.

Trazodone 100 mg Qty 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: Pain - Insomnia treatment.

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

Decision rationale: According to the Official Disability guideline, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, there is documentation of ongoing treatment with Trazodone since at least 12-19-2015. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Furthermore, the injured worker has been prescribed Temazepam. It is unclear why the injured worker would need to be treated with two hypnotic medications. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Trazodone is not medically necessary.