MAXIMUS Federal Services

Case Number:	CM15-0145892		
Date Assigned:	08/10/2015	Date of Injury:	11/20/2012
Decision Date:	09/28/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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: Internal 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 64 year old male who sustained an industrial injury on 11-20-2012 resulting traumatic injuries to the head and face as the result of an assault. Injuries included a fractured jaw, bruised hip, head injury and concussion. Treatment provided to date has included: psychological counseling and therapy; medications; and conservative therapies and care. Comorbidities included recent heart valve replacement. There were no other dates of injury noted. On 06-30-2015, physician progress report noted complaints of residual and increasing pain; increased feelings of sadness and guilt; and difficulty sleeping due to fear, anxiety and nightmares. Additional complaints included headaches. Current medications listed on this report included diazepam, carbamazepine, Norco, Abilify, and Depakote. Additional medications listed in a progress report, dated 06-02-2015, include aspirin, Atorvastatin, Divalproex sodium, fish oil, Lamotrigine, metoprolol, mirtazapine (Remeron), multi vitamins, Prazosin, stool softener, Venlafaxine. There were no physical objective findings on this report. The provider noted diagnoses of constipation, dystonia, depression, anxiety and traumatic brain injury (TBI). Plan of care includes continued psychological therapy weekly to be tapered to twice monthly when appropriate, and continued medications. The injured worker's work status was not mentioned on this report; however, a work duty status report (dated 06-02-2015) showed that the injured worker was able to return to regular duty. On this report (dated 06-02-2015), the injured worker was being seen for blurry and double vision in the right eye. The request for authorization and IMR (independent medical review) includes: Xanax 0.5mg #240 with 4 refills, stool softener 100mg with 4 refills, Prazosin 1mg #180 with 4 refills, Remeron

30mg #30 with 4 refills, Norco 10-325mg #240 with 4 refills, aspirin 81mg #30 with 4 refills, Effexor 75mg #120 with 4 refills, Atorvastatin 40mg with 4 refills, metoprolol 50mg #60 with 4 refills, Abilify 5mg #30 with 4 refills, Lamictal 100mg #30 with 4 refills, and amoxicillin 500mg #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #240 times four 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: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker is diagnosed with Depression and Anxiety, with ongoing chronic radicular neck and low pain. There is no evidence of significant improvement in function on current medication regimen to justify the ongoing use of Xanax. The request for Xanax 0.5mg #240 times four refills is not medically necessary, by MTUS.

Stool softener 100mg times four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Docusate Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus.

Decision rationale: Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended, the use of a Stool softener to treat opioid-induced constipation is no longer indicated. The request for Stool softener 100mg times four refills is not medically necessary.

Prazosin 1mg #180 times four refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prazosin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress Chapter, PTSD pharmacotherapy and Other Medical Treatment Guidelines http://www.nlm.nih.gov/medlineplus/.

Decision rationale: Prazosin is used alone or in combination with other medications to treat Hypertension. It is in a class of medications called alpha-blockers. Per ODG, Prazosin may be used to augment the management of nightmares and other symptoms of PTSD. The injured worker is diagnosed with Hypertension and Post traumatic Stress Disorder. The medical necessity for ongoing use of Prazosin is established. The request for Prazosin 1mg #180 times four refills is medically necessary.

Remeron 30mg #30 times four refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13- 16. Decision based on Non-MTUS Citation https://vsearch.nlm.nih.gov/.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Documentation shows that the injured worker is being treated for Depression and Anxiety with complains of increased feelings of sadness and guilt. The recommendation to continue Remeron is reasonable and appropriate. The request for Remeron 30mg #30 times four refills is medically necessary by guidelines.

Norco 10/325mg #240 times four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10-325mg #240 with 4 refills is not medically necessary.

Aspirin 81mg #30 times four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Aspirin and Other Medical Treatment Guidelines http://www.dynamed.com/.

Decision rationale: According to the MTUS, the use of aspirin is a short-term option for use with non-steroidal anti-inflammatory drugs (NSAIDs) in patients with cardiovascular disease. However, first line non-pharmacological options should be the first choice. The ODG states that aspirin is recommended for the treatment of acute pain. The injured worker is status post Aortic Valve Replacement for Severe Aortic Stenosis. There is no clear indication for Aspirin in the documentation provided for review and there is no evidence that the injured worker has been prescribed an NSAID. The request for aspirin 81mg #30 with 4 refills is subsequently not medically necessary.

Effexor 75mg #120 times four refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effexor Page(s): 15, 105. Decision based on Non-MTUS Citation FDA Effexor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain and Venlafaxine (Effexor) Page(s): 13-16 & 123.

Decision rationale: Venlafaxine (Effexor) is a serotonin and norepinephrine reuptake inhibitor (SNRI). According to the MTUS, Effexor is FDA approved for anxiety, depression, panic disorder and social phobias. The MTUS also states that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. However, long-term effectiveness of anti-depressants has not been established. In addition, systematic reviews indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. SNRIs have not been evaluated for chronic low back pain. 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. The use of this medication has shown some relief may occur in first two weeks; full benefit may not occur until six weeks. Withdrawal effects can be severe and abrupt discontinuation should be avoided as tapering is recommended before discontinuation. Upon review of the medical documentation submitted, the injured worker is noted to suffer from depression and anxiety, establishing the medical necessity for ongoing use of Effexor. The request for Effexor 75mg #120 with 4 refills is medically necessary.

Atorvastatin 40mg #30 times four refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Statins and Other Medical Treatment Guidelines http://www.nlm.nih.gov/medlineplus/.

Decision rationale: Atorvastatin is in a class of medications called HMG Co A reductase inhibitors (statins). This medication is used together with diet, weight-loss, and exercise to decrease the amount of cholesterol and other fatty substances in the blood. Documentation provided shows that the injured worker is diagnosed with Hyperlipidemia. The medical necessity for ongoing use of Atorvastatin is established. The request for Atorvastatin 40mg #30 times four refills is medically necessary.

Metoprolol 50mg #60 times four refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://www.nlm.nih.gov/medlineplus/.

Decision rationale: Metoprolol is in a class of medications called beta blockers, used alone or in combination with other medications to treat high blood pressure and heart failure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Documentation provided shows that the injured worker is diagnosed with Hypertension, which is currently controlled on current medication regimen. The medical necessity for ongoing use of Metoprolol is established. The request for Metoprolol 50mg #60 times four refills is medically necessary.

Abilify 5mg #30 times four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress Chapter.

Decision rationale: ODG, Mental Illness/Stress Chapter, PTSD pharmacotherapy Abilify (Aripiprazole) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for schizophrenia. ODG does not recommend Abilify as a first-line treatment. Per ODG, there is insufficient evidence to recommend atypical antipsychotics for the treatment of PTSD. The injured worker is status post Total Brain Injury, with diagnoses including Anxiety, Depression, and Panic with Posttraumatic Stress Disorder. The request for Abilify 5mg #30 times four refills is not medically necessary by guidelines.

Lamictal 100mg #30 times four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness/Stress Chapter, PTSD pharmacotherapy.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker is status post Total Brain Injury, with diagnoses including Anxiety, Depression, and Panic with Post traumatic Stress Disorder. Lamictal is not generally recommended as a first-line treatment for neuropathic pain. Per ODG, there is insufficient evidence to recommend a mood stabilizer (e.g., lamotrigine) for the treatment of PTSD. The request for ongoing use of Lamictal 100mg #30 times four refills is not medically necessary by guidelines.

Amoxicillin 500mg #4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation http://www.dynamed.com/.

Decision rationale: Per guidelines, antibiotic prophylaxis is recommended in certain invasive procedures to prevent infection and related morbidity and mortality. Documentation shows that the injured worker is status post Aortic valve replacement. At the time of the request under review, physician report indicates that the consulting Cardiologist recommends Antibiotic Prophylaxis for recommended Botox injections to treat headaches. The request for Amoxicillin 500mg #4 is medically necessary per guidelines.