

Case Number:	CM15-0190915		
Date Assigned:	10/07/2015	Date of Injury:	04/21/1999
Decision Date:	12/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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, California
 Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on 4-21-99. A review of the medical records indicates she is undergoing treatment for anxiety state, according to the pharmacist report (8-20-15). Other diagnoses are not included in the records. The provided records include medication lists, pharmacist's reports, and untitled notes from providers, as well as utilization review documents. No progress notes are included. The medication list (8-12-15) indicates the injured worker is receiving the following medications: Benztropine (Cogentin) 0.5mg twice daily (started 11-9-11), Bupropion XL 300mg daily (started 11-9-11), BusPirone 10mg three times daily (started 5-29-14), Pristiq 100mg daily (started 11-9- 11), Lunesta 3mg every evening at bedtime (started 11-9-11), Vistaril 25mg every 12 hours as needed for anxiety (started 5-7-12), Metformin 1000mg (started 11-9-11), Pravastatin 20mg (started 11-9-11), Trazodone 150mg every evening at bedtime (started 6-12-13), and Geodon 80mg, 2 capsules at bedtime (started 11-9-11). The pharmacist report (8-20-15) indicates a weaning protocol to recommend weaning of Geodon. An untitled document from the provider (8-21-15) states that the injured worker is "very labile in her moods" and "requires Geodon and has been doing better on it". It also states that the injured worker "went off it once for one month", causing her to become "decompensated and almost had to be hospitalized". The treating provider states "she cannot tolerate being weaned off her Geodon". The utilization review (8-26-15) includes requests for authorization and determinations of Bupropion XL 300mg #30 (denied, but allowed a one-time refill for weaning), Hydroxyzine 25mg #30 (denied), Trazodone 150mg #30 (denied, but allowed a one-time refill for weaning), Ziprasidone 80mg #180 (denied, but allowed a one-time refill for weaning), Eszopiclone 3mg #90 (denied, but allowed a one-time refill for weaning), and Benztropine 0.5mg #60 (denied).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ziprasidone (Geodon) 80 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/geodon.html>.

Decision rationale: CA MTUS and ODG guidelines are silent with respect to this medication. Geodon is used to treat schizophrenia and the manic symptoms of bipolar disorder. The records do not support the IW has either of these diagnoses. The IW has been taking this medication for a minimum of 6 months. The documentation does not support improvement of symptoms or decrease dependence of other prescriptions while taking this medications. The request does not include dosing or frequency, without the support of the documentations, the request for Geodon is determined not medically necessary.

Eszopiclone (Lunesta) 3 MG #90: 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 ODG: Mental Health - Eszopicolone.

Decision rationale: CA MTUS is silent on this topic. ODG guidelines do not recommend this medication for long-term use. It is recommended these medications are limited "to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use." Additionally, "There is also concern that they may increase pain and depression over the long-term." As there is no documentation in the chart that discusses the IW's mental health or sleep disturbance, treatments employed to address mental health conditions, or effects of these treatments, it is unclear why this medication is being prescribed. It is also unclear how long the IW has been receiving this medication. The request does not include frequency or dosing. Without an understanding of the IW's specific needs, the request for Lunesta is not medically necessary.

Benzotropine (Cogentin) .5 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/cogentin.html>.

Decision rationale: Ca MTUS and ODG are silent on this topic. Cogentin is used in the treatment of Parkinson disease in combination with other medicines. It is also used to control tremors and stiffness of the muscles due to certain antipsychotic medicines. The IW has

previously been prescribed an antipsychotic medication. There is no documentation of muscle stiffness or tremors resulting from this medication. The records do not support the IW a diagnosis of Parkinson's. The anti-psychotic medication has been determined not medically necessary. The request does not include dosing or frequency. Without the support of the documentation, the request for Cogentin is determined not medically necessary.

Bupropion Hydrochloride XL 300 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Bupropion (Wellbutrin), Tricyclics.

Decision rationale: Wellbutrin is a second-generation tricyclic antidepressant shown to be effective in relieving neuropathic pain resulting from different etiologies. However, there is no evidence of efficacy in patients with no-neuropathic chronic low back pain. It is unclear from chart material if this medication is being prescribed for pain, depression, or sleep disturbances. Documentation supports the IW has been on this medication for a minimum of 6 months. Documentation does not indicate improvement of functional status, improvement of sleep or decrease in pain with its use. Furthermore, the request does not include dosing or frequency. Without this medication, the request for Wellbutrin is not medically necessary.

Hydroxyzine (Vistaril Pamoate) 25 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<<http://www.guideline.gov/content.aspx?id=15692&search=hydroxyzine>>.

Decision rationale: CA MTUS and ODG are silent on this treatment. The above reference discusses the use of antihistamines for the treatment of anxiety. The IW does have a diagnosis of anxiety. The IW has been taking this medication for a minimum of 6 months. The documentation does not discuss the IW's response to the use of this medication. There is no documented decreased reliance on medications. The request does not include dosing or frequency. Without an understanding of the IW's specific needs, documentation of improvement of symptoms using this medication or the indications for its prescriptions, the request for Atarax is not medically necessary.

Trazodone Hydrochloride 150 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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, insomnia.

Decision rationale: The reports state that trazodone is for insomnia. The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. Note the ODG citation, which recommends short-term use of hypnotics, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. No physician reports describe the specific criteria for a sleep disorder. The reports do not show specific and significant benefit of trazodone. Sleep is routinely described as "poor." The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The request does not include dosing or frequency. Trazodone is not medically necessary based on prolonged use contrary to guideline recommendations, lack of benefit, and lack of sufficient evaluation of the sleep disorder.