MAXIMUS Federal Services

Case Number:	CM15-0190925		
Date Assigned:	10/05/2015	Date of Injury:	03/21/2007
Decision Date:	12/10/2015	UR Denial Date:	09/01/2015
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: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58 year old female, who sustained an industrial injury on 3-21-2007. The medical records indicate that the injured worker is undergoing treatment for depression, anxiety, sexual dysfunction due to chronic pain and depression, and moderate obstructive sleep apnea. According to the progress report dated 8-10-2015, the injured worker returns crying. She states that she cannot live without her psychiatric medications. She notes that she was in a very dark place when she was not on her medications. The treating physician states that "without all of the medications, she absolutely went to a very, very dark place, and became suicidal". She is currently not actively suicidal, but she states that without medications, she would not know what to do. The physical examination dated 8-10-2015 states that's there is "no significant change". The current medications are Norco, Requip (since at least 2-6-2015), Clonazepam (In October 2011, the patient was on 2mg at night as needed. The patient was taking 2mg 3 times a day in 2012 and was tearful even on that dose in the reports during that time. In December 2013, the physician states his understanding of the clonazepam not for long term use and states he will taper off as soon as possible. At that time, it was being used up to 4 times a day. In August 2014, the patient was decreased to 0.5 mg 3 times a day when the patient was doing "good". In May 2015, the dose was increased to 1 mg 3 times a day, the reason for the increase was due to patients request.), Celexa, Benztropine, Cymbalta (In December 2009 and October 2011, the patient was on 30mg 3 times during the day. In November 2011, the patient was on 30mg 3 times at night. In January 2013, the patient was on 60mg a day. In May 2014, an increase in Cymbalta was done when the patient felt depressed and did not get the Lexapro. The following

month patient was doing better and the Cymbalta was back down to 60 mg a day with the Lexapro. In August 2014, the Cymbalta was decreased to 30mg a day when the patient was doing "good". In January 2015, the Cymbalta was stopped. In April 2015, the Cymbalta was restarted at 60mg during the day and 30mg at night. In May 2015, the Cymbalta was at 60mg a day again, no reason given. In June 2015 the Cymbalta was increased again to 90mg a day.), and Latuda (The medicine was started in October 2012 to help the Cymbalta with depression since Abilify caused too much weight gain). Treatments to date include medication management and cognitive behavioral therapy. Work status is described as sedentary work only. The original utilization review (9-1-2015) had non-certified a request for Clonazepam, Cymbalta, Latuda, and Requip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 1mg #60: 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): Benzodiazepines.

Decision rationale: Regarding the request for Clonazepam, Chronic Pain Medical Treatment Guidelines state the 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.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." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication at the present dose of 1mg 2 times a day over the lesser dose and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Clonazepam 1mg #60 is not medically necessary.

Cymbalta 90mg #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): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. 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. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being at the dose of 90mg a day over a lesser dose. Unfortunately, there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested Cymbalta 90mg #30 is not medically necessary.

Latuda 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and stress chapter.

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 and Stress Chapter and Other Medical Treatment Guidelines www.drugs.com/latuda.html.

Decision rationale: Regarding the request for Lurasidone (Latuda), California MTUS guidelines do not contain criteria for the use of Latuda. ODG states antipsychotics are not recommended as a first-line treatment and there is insufficient evidence to recommend atypical antipsychotics for conditions covered in ODG. Lurasidone (Latuda) is an antipsychotic medication. Antipsychotics are the first-line psychiatric treatment for psychotic disorders such as schizophrenia. Within the information made available for review, a diagnosis of schizophrenia is not identified. In the absence of such documentation, the currently requested Latuda 20mg #30 is not medically necessary.

Requip 0.5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Restless legs syndrome (RLS).

Decision rationale: Regarding the request for Requip, it should be noted that this medication was previously partially certified for a 2-month supply. California MTUS does not address the issue. ODG cites that dopamine agonists such as Requip (ropinirole) and Mirapex (pramipexole) are not considered first-line treatment and should be reserved for patients who have been unresponsive to other treatment. Within the documentation available for review, there is documentation restless leg syndrome. However, there is no documentation of failure of first-line treatment. In the absence of such documentation, the currently requested Requip is not medically necessary.