MAXIMUS Federal Services

Case Number:	CM15-0201694		
Date Assigned:	10/16/2015	Date of Injury:	06/29/2007
Decision Date:	12/22/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 6-29-07. The injured worker is being treated for severe anxiety and depression, spinal cord stimulator, Methadone 100mg, Clonazepam 0.5mg, Lidoderm 5% patch, Gabapentin 600mg, Wellbutrin XL, Prevacid 20mg, Lexapro 20mg, Trazadone 50mg and Inderal 10mg and complex regional pain syndrome. On 6-10-15, 7-22-15 and 8-19-15, the injured worker reports difficulty receiving medications on a regular basis; she notes she is unable to fall asleep without Trazadone and is able to get out of bed with medications. She notes pain level with medications 8 out of 10 and sleeps 3-5 hours of interrupted sleep with medications. She is currently not working. Documentation does not include pain level prior to medications or duration of pain relief. On 6-10-15, 7-22-15 and 8-19-15 objective findings noted she is crying, no abdominal or digestive problems prior to injury and right arm tremors increased; left hip pain is also noted. Treatment to date has included ganglion blocks, spinal cord stimulator implant, Methadone 100mg, Clonazepam 0.5mg, Lidoderm 5% patch, Gabapentin 600mg, Wellbutrin XL, Prevacid 20mg, Lexapro 20mg, Trazadone 50mg and Inderal 10mg, activity modifications and continued psych support. Urine drug screening performed on 5-28-15 was inconsistent with medications prescribed. The treatment plan included prescriptions for Methadone 100mg, Clonazepam 0.5mg, Lidoderm 5% patch, Gabapentin 600mg, Wellbutrin XL, Prevacid 20mg, Lexapro 20mg, Trazadone 50mg and Inderal 10mg and continued psych support. She has received all medications for greater than 6 months. On 9-15-15 request for Senokot S #30, Prevacid 30mg

#30, Lexapro 20mg #30, Wellbutrin 150mg #30, Trazadone 50mg #30 and Inderal 10mg #30 were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin XL 150mg qty. 30 per month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Physical Examination, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: With regard to this antidepressant, Wellbutrin XL, the CPMTG recommend the use of antidepressants for neuropathic, chronic. It is also indicated for depression, and further guidelines are found in the ACOEM Stress Related Conditions Chapter, pages 395-396, 402, which state: "The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile." In the case of this worker, the submitted documentation indicate that the antidepressant is being utilized to address anxiety and depression. The patient has routine follow-up with a psychologist and continues having significant depression. A note from 4/23/15 by the psychologist indicates that the patient has some "gradual reduction in the severity of her multiple symptoms" since restarting her medications. She has passive suicidal ideation as noted on 3/31/15. Given the severity of the depression, this request is medically necessary.

Senokot-S qty. 30 per month: Overturned

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): Opioids, criteria for use.

Decision rationale: The CPMTG on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to Initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In this case methadone is also being prescribed and the use of prophylactic laxatives is medically necessary with opioid therapy.

Prevacid 30 mg qty 30 per month: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Regarding the request for lansoprazole (Prevacid), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested lansoprazole is not medically necessary.

Lexapro 20 mg qty 30 per month: Overturned

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Physical Examination, and Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: With regard to this antidepressant, the CPMTG recommend the use of antidepressants for neuropathic, chronic. It is also indicated for depression, and further guidelines are found in the ACOEM Stress Related Conditions Chapter, pages 395-396, 402, which state: "The focus of the physical examination will be based on the presenting symptoms. However, it always includes a general assessment of the patient's current mental and physical state. The clinician needs to maintain a high index of suspicion for underlying depression and for other underlying medical disorders that might present with psychosomatic symptoms, including substance abuse, withdrawal, and evidence of domestic violence. A standardized mental status examination allows the clinician to detect clues to an underlying psychiatric disorder, assess the impact of stress, and document a baseline of functioning. All aspects of a mental status examination can be routinely incorporated into an informal interview rather than having a set list

of questions. It is especially important to address inconsistencies between the patient's presenting complaints or answers to questions and observed behaviors, and to address those inconsistencies in a curious, positive manner. Brief courses of antidepressants may be helpful to alleviate symptoms of depression; but because they may take weeks to exert their maximal effect, their usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Incorrect diagnosis of depression is the most common reason antidepressants are ineffective. Long-standing character issues, not depression, may be the underlying issue. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile." In the case of this worker, the submitted documentation indicate that the antidepressant is being utilized to address anxiety and depression. The patient has routine follow-up with a psychologist and continues having significant depression. A note from 4/23/15 by the psychologist indicates that the patient has some "gradual reduction in the severity of her multiple symptoms" since restarting her medications. She has passive suicidal ideation as noted on 3/31/15. Given the severity of the depression, this request is medically necessary.

Trazodone 50 mg qty 30 per month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter & Mental Illness and Stress Chapter, Insomnia Topics.

Decision rationale: Regarding the request for this sleep medication, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Non-pharmacologic techniques such as sleep hygiene education or recommended first line prior to pharmacologic therapies. Within the documentation available for review, there is documentation of sleep disturbance. It appears the patient has been on this sleep agent for some time, which is contrary to guidelines recommendation of short term use. However, there is documentation of concomitant depression and anxiety. There is documentation in notes that the worker has difficulty sleeping without this medication. There are no known adverse effects of this medication to date such as serotonin syndrome which can occur when multiple antidepressants are prescribed at the same time. Given the documentation of efficacy for sleep, this request is medically necessary.

Inderal 10 mg qty 30 per month: Overturned

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 Uptodate Online, Propranolol.

Decision rationale: Inderal is a beta blocker medication. Regarding the request for a beta blocker, the California MTUS and ODG do not contain criteria for the use of beta blockers. Therefore, an online evidence-based database, Uptodate Online, was referenced. The scholarly article on Inderal states this medication is indicated in the treatment of hypertension, migraine prophylaxis, essential tremor, and off-label for anxiety. Within the documentation available for review, the requesting physician has identified that the patient has CRPS and the Inderal is intended to help with tremors. Although this is not clearly identified an essential tremor (which have no known cause but are felt to be benign), Inderal can help with other tremors as well. There is documentation that the Inderal is helping for this shaking and tremor in a progress note dated 7/2/15. Given this, this medication is medically necessary.

Lidoderm 5 percent patch #60 per month: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is indication that the patient has failed first-line therapy recommendations. The patient is now on a regimen of opioid pain medication and multiple antidepressants which can help with neuropathic pain. There is documentation of CRPS, which can is a type of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is medically necessary.