

<b>Case Number:</b>	CM15-0207303		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 39 year old female who reported an industrial injury on 3-27-2012. Her diagnoses, and or impressions, were noted to include: internal derangement of the right knee, status-post surgical intervention on 6-25-2012; discogenic lumbar condition (per MRI on 3-24-14), with spondylolisthesis, facet arthrosis and foraminal narrowing; and chronic pain with associated sleep, stress and depression. The medical records noted that the coverage was for the right knee, though the back appeared to become an issue, and a lumbar MRI was done. Recent x-rays of the knee, in January 2015, were said to reveal bone-on-bone; magnetic imaging studies of the lumbar spine were done on 3-15-2014. Her treatments were noted to include: a psyche qualified medical evaluation in April 2014; an orthopedic qualified medical evaluation in 2014 without a report; a qualified medical evaluation on 7-8-2015; 5 Hyalgan injections; a Don Joy knee brace; heat-cold therapy; TENS unit therapy; medication management with toxicology studies (5-1-15); and rest from work before being returned to part-time modified work duties on 4-6-2015, and let go on 7-9-2015. The progress notes of 9-15-2015 reported: a review of diagnostic studies; a review of treatments requested, denied and approved; findings of medical evaluations; her disability status; and that she still had a sense of locking, limping, swelling and severe pain. The objective findings were noted to include: pain and tenderness along the medial joint line that was worse with activities and better with rest, and was with instability; tenderness along the lumbar spine with positive facet loading (unclear if covered by the claim); the ability for minimized chores around the house; and falling episodes related to her knee. The physician's requests for treatment were not noted to include that going forward,

kindly authorize on return, Effexor XR 75 mg, #60, for depression, and Lunesta 2 mg, #30, for sleep. The stated Request for Authorization of 9-15-2015, was not noted in the medical records provided. The Utilization Review of 9-24-2015 non-certified the request for Effexor XR 75 mg, #60, and Lunesta 2 mg, #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Effexor XR 75 mg Qty 60: 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) Mental Illness & Stress, Antidepressants for treatment of MDD.

**Decision rationale:** The MTUS CPMTG p16 states "Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias. Off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy." Per MTUS CPMTG with regard to the use of antidepressants for chronic pain: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) With regard to medication history, the injured worker has been using this medication since at least 5/2015. The requested medication is indicated for the injured worker's depression and radicular pain. I respectfully disagree with the UR physician's denial based upon a lack of documented VAS scale improvement, the guidelines do not mandate this. The request is medically necessary.

#### **Lunesta 2 mg Qty 30: 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 - Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are

schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." With regard to medication history, the injured worker has been using this medication since at least 4/2015. The documentation submitted for review does not contain information regarding sleep onset, sleep maintenance, sleep quality, and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.