

Case Number:	CM15-0028067		
Date Assigned:	02/20/2015	Date of Injury:	01/06/1994
Decision Date:	04/09/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 01/06/1994. The diagnoses have included migraine headache, reflex sympathetic dystrophy upper extremities, peripheral neuropathy, and cervical spondylosis. Noted treatments to date have included acupuncture, psychotherapy, and medications. Diagnostics to date have included urine drug screen in December 2014, which was positive for THC (tetrahydrocannabinol) and was counseled regarding use with opiates per progress note. In the same progress note dated 02/03/2015, the injured worker presented with complaints of back, hip, neck, and bilateral upper extremity pain. The treating physician reported Wellbutrin and Geodon help with her depression, Topamax is taken twice daily helps prevent migraines, Effexor XR helps with depression and neuropathic pain, and Celebrex for shoulder swelling and tightness. Utilization Review determination on 02/11/2015 non-certified the request for Celebrex 200mg #60 and modified the request for Effexor XR 150mg #60, Wellbutrin XL 150mg #90, Ziprasidone (Geodon) HCL 80mg #60, Trazadone 150mg #60, Tizanidine 2mg #120, and Topamax 100mg #120 to Effexor XR 150mg #30, Wellbutrin XL 150mg #45, Ziprasidone (Geodon) HCL 80mg #30, Trazadone 150mg #30, Tizanidine 2mg #60, and Topamax 100mg #60 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Effexor XR 150mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-16.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain. Venlafaxine (Effexor) is FDA approved for anxiety, depression, panic disorder, and social phobias. Off label use for fibromyalgia, neuropathic pain and diabetic neuropathy. A review of the injured workers medical records document that she is benefiting from the use of Effexor for both her depression and her neuropathic pain and appears to be medically necessary and appropriate in this injured worker.

Wellbutrin XL 150mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Bupropion (Wellbutrin) Page(s): 16.

Decision rationale: Per the MTUS, Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007). A review of the injured workers medical records show that she is taking Bupropion for the treatment of depression. It would appear that she is on multiple anti-depressants, however the medical records that are available to me do not reveal subjective and objective findings of a mood disorder that is severe enough to warrant the use of multiple drugs, therefore the request for Wellbutrin XL 150mg #45 is not medically necessary.

Ziprasidone HCL 80mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse. Guideline Title: VA/DoD clinical practice guideline for management of bipolar disorder in adults. Bibliographic

Source(s): Management of Bipolar Disorder Working Group. VA/DoD clinical practice guideline for management of bipolar disorder in adults. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010 May. 176 p.

Decision rationale: The MTUS, ACOEM and ODG did not discuss the use of Ziprasidone in the management of the injured worker, therefore other guidelines were consulted. Per the NGC Ziprasidone is an atypical antipsychotic used in the management of bipolar disorder and schizophrenia, off label use for depression. Patients with severe mania should be treated with a combination of antipsychotics and lithium or valproate. These antipsychotics include olanzapine, quetiapine, aripiprazole, or risperidone [B] and may include ziprasidone. [I] Patients with severe mixed episode should be treated with a combination of antipsychotics and lithium or valproate. These antipsychotics include aripiprazole, olanzapine, risperidone, or haloperidol [B] and may include quetiapine or ziprasidone. A review of the injured workers medical records show that she is taking ziprasidone for the treatment of depression, it appears she had not yet found a psychiatrist and therefore a full assessment of her mental health was not available for review, however based on the nature of the medication it would seem prudent to continue this medication till she can be fully evaluated, therefore the request for Ziprasidone is medically necessary.

Trazadone 150mg #60: Upheld

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

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. Trazodone (Desyrel).

Decision rationale: The MTUS /ACOEM did not specifically address the use of trazodone therefore other guidelines were consulted. Per the ODG, trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. Trazodone was approved in 1982 for the treatment of depression. It is unrelated to tricyclic or tetracyclic antidepressants and has some action as an anxiolytic. Off-label uses include alcoholism, anxiety, insomnia, and panic disorder. Although approved to treat depression, the American Psychiatric Association notes that it is not typically used for major depressive disorder. Over the period 1987 through 1996, prescribing trazodone for depression decreased throughout the decade, while off-label use of the drug for insomnia increased steadily until it was the most frequently prescribed insomnia agent. A review of the injured workers medical records show that she is taking trazodone for the treatment of depression. It would appear that she is on multiple anti-depressants, however the medical records that are available to me do not reveal subjective and objective findings of a mood disorder that is severe enough to warrant the use of multiple drugs, therefore the request for Trazodone 150mg #60 Is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs , NSAIDs, GI symptoms and Cardiovascular risk Page(s): 67-68, 68-69.

Decision rationale: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this. A review of the injured workers medical records that are available to me do not show that she meets that above referenced criteria as listed in the MTUS, there is also no discussion on how she is benefiting from the use of Celebrex, therefore the request for Celebrex 200mg #60 is not medically necessary.

Tizanidine 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity / antispasmodic drugs.Tizanidine Page(s): 66.

Decision rationale: Per the MTUS, Tizanidine is a centrally acting alpha₂adrenergic agonist that is FDA approved for management of spasticity: unlabeled use for back pain. One study which was conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and it is recommended as first line option to treat myofascial pain, it may also be beneficial as an adjunct in the treatment of fibromyalgia. A review of the injured workers medical records reveal subjective complaints of muscle spasms however this was not corroborated by the physical exam in which tone in the cervical region and upper limbs were reported as normal. Therefore based on the guidelines and the injured workers clinical presentation the request for Tizanidine 2mg #120 is not medically necessary.

Topamax 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants (Antiepileptic drugs(AEDs)).Topiramate Page(s): 16-22.

Decision rationale: Per the MTUS, Anti-epilepsy drugs are recommended in the treatment of neuropathic pain. Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of 'central' origin. It is still considered for use for neuropathic pain when other anticonvulsants fail. A review of the injured workers medical records show that she is being prescribed Topamax for migraine headache prophylaxis, however per her pain management office visit 2/3/2015 she is still having almost daily headaches and is having to use Zomig every other day to treat her migraines, it would appear that she is not having a satisfactory response to the prophylactic effects of Topamax, therefore based on her clinical presentation the request for Topamax 100mg #60 is not medically necessary.