

Case Number:	CM15-0029926		
Date Assigned:	02/23/2015	Date of Injury:	03/12/2008
Decision Date:	06/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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
 Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 3/12/2008. The diagnoses have included lumbar radiculopathy, lumbar facet arthropathy, failed lumbar back syndrome, lumbosacral spondylosis without myelopathy, major depressive disorder and generalized anxiety disorder. Treatment to date has included caudal epidural steroid injection (ESI) and medial branch nerve blocks which the injured worker reported were ineffective. The injured worker also underwent psychotherapy. According to the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker complained of low back and leg pain. The pain was across his low back and radiated into his buttocks bilaterally extending into his hips anteriolaterally toward the knee and down the front of the leg to the top of the foot, left more than right. He was currently taking Neurontin, Norco and Naproxen. He was also seeing a psychiatrist and was noted to be on several mood disorder medications. Physical exam revealed an antalgic gait. Mood and affect were normal. On 1/28/2015, Utilization Review (UR) non-certified requests for Nuvigil 250mg #30, Alprazolam 0.5mg #60, Seroquel XR 50mg #30, Atarax 25mg #60 and Effexor XR 75mg #60. The Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #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 (ODG) Treatment in Workers Compensation (TWC); Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: ODG does not recommend Nuvigil (Armodafinil) solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Documentation shows that this injured worker complains of decreased energy, difficulty sleeping and staying asleep. No physician reports indicate symptoms or diagnosis fitting the criteria for ongoing use of this medication. The request for Nuvigil is not medically necessary per guidelines.

Alprazolam .5mg #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 (ODG) Treatment in Workers Compensation (TWC); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker is diagnosed with major depressive disorder and generalized anxiety disorder, treated with Alprazolam for a longer duration of time with no reported significant improvement in function. The request for continued use of Alprazolam .5mg #60 is not medically necessary.

Seroquel XR 50mg #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 (ODG) Treatment in Workers Compensation (TWC); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: Seroquel is recommended in the acute treatment of bipolar I disorder, acute treatment of depressive episodes associated with bipolar disorder and as adjunctive therapy to antidepressants for the treatment of major depressive disorder. The injured worker is diagnosed with major depressive disorder and generalized anxiety disorder. Documentation indicates that symptoms of depression have been refractory to current medication management and no

physician reports show evidence of Bipolar disorder. Being that MTUS guidelines are not met, the request for Seroquel XR 50mg #30 is not medically necessary.

Atrax 25mg #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 (ODG) Treatment in Workers Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications.

Decision rationale: ODG states that Atarax (Hydroxyzine) may be useful as an adjunct in the treatment of Generalized Anxiety Disorder. Documentation reveals that the injured worker is diagnosed with major depressive disorder and generalized anxiety disorder, with no evidence of objective significant improvement in function. Other first line medication may be prescribed in this case to further manage the injured worker's condition. The request for ongoing use of Atrax 25mg #60 is not medically necessary due to lack of improvement.

Effexor XR 75mg #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 (ODG) Treatment in Workers Compensation (TWC); Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13 - 16.

Decision rationale: MTUS states that antidepressants may be used as a first line option for neuropathic pain, but long-term effectiveness of these drugs has not been established. Selective Serotonin Reuptake Inhibitors (SSRIs), are not recommended as a treatment for chronic pain. In addition, these drugs have not been shown to be effective for low back pain. The main role of SSRIs is in treating psychological symptoms associated with chronic pain. The injured worker is diagnosed with major depressive disorder and generalized anxiety disorder, with report of difficulty falling and staying asleep. Physician reports fail to show significant functional improvement on current medication regimen, however, the dose of Effexor XR may still be up titrated for further management. The request for Effexor XR 75mg #60 is reasonable and medically necessary.