MAXIMUS Federal Services

Case Number:	CM15-0210938		
Date Assigned:	10/29/2015	Date of Injury:	03/31/2001
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic shoulder and neck pain with derivative complaints of sleep disturbance, depression, and anxiety reportedly associated with an industrial injury of March 31, 2001. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve requests for Lunesta, Viibryd, and Norco. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 6, 2015 office visit, the applicant reported ongoing issues with chronic neck pain, bilateral shoulder pain, sleep disturbance, affective disorder, depression, and anxiety. The applicant was described as having upper extremity paresthesias present. The attending provider contended that the applicant had received recent trigger point injections. The attending provider stated that the applicant was using Zohydro, Norco, Topamax, Viibryd, Effexor, and Brintellix. The note was somewhat difficult to follow as the note did not seemingly follow standard SOAP format. The attending provider contended in one section of the note that the applicant was working 20 hours a week with her medications and also contended that the applicant would not be able to work without her medications. The attending provider contended that the applicant's medications were attenuating her pain complaints by 50%. The attending provider stated that Effexor and Viibryd had reduced the applicant's depression but did not seemingly elaborate further. The attending provider contended that the applicant still had issues with "moderate depression" present, despite ongoing medication consumption. The attending provider contended that applicant did not shower on those dates when she did not work. The applicant

was described as exhibiting an anxious mood and a flat affect, the treating provider reported. An earlier note dated September 4, 2015 was notable for commentary to the effect that the applicant was working at a rate of 20 hours a week. Once again, the attending provider imputed the applicant's return to part-time work to her medication consumption. The applicant did exhibit a flat affect on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg 1 Unit an hour prior to sleep #4: Upheld

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

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, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that Lunesta is not recommended for chronic, long-term use but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for Lunesta was at odds with the ODG position on the same. Therefore, the request was not medically necessary.

Viibryd 20mg 1 Unit BID #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Viibryd, an antidepressant medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as Viibryd may be helpful in alleviating symptoms of depression, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, progress notes of October 6, 2015 and September 4, 2015 failed to outline meaningful or material improvements in mood or function effected as a result of ongoing Viibryd usage. The applicant was described as visibly anxious, frustrated, and exhibited a flat affect on both October 6, 2015 and September 4, 2015. The applicant was described as having ongoing issues with "moderate depression" present on October 6, 2015, despite ongoing usage of Viibryd in conjunction with other antidepressants, including Effexor. It did not appear, in short, that ongoing usage of Viibryd had generated improvements

in mood or function in terms of the parameters established in MTUS 9792.20e needed to justify the continuation of the same. Therefore, the request was not medically necessary.

Hydrocodone Extended Release 10mg 1 Unit TID #135: 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): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Hysingla (hydrocodone) and Other Medical Treatment Guidelines The Food and Drug Administration (FDA), ZohydroTM ER (hydrocodone bitartrate) Extended-Release Capsules, CII.

Decision rationale: Finally, the request for hydrocodone extended-release (Zohydro) was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Zohydro extended release (hydrocodone extended-release) is indicated in the management of severe pain in individuals who require round-the-clock analgesia in whom alternate treatment options are inadequate. Here, however, the applicant's concurrent usage of short-acting opioid agents such as Norco suggested that there were, in fact, viable alternative options present here, seemingly obviating the need for the extended release hydrocodone at issue. ODGs Chronic Pain Chapter Hysingla topic likewise notes that extended-release hydrocodone is not recommended as a first-line option in the chronic non-malignant pain context present here. Therefore, the request was not medically necessary.