

Case Number:	CM15-0034501		
Date Assigned:	03/30/2015	Date of Injury:	10/22/2003
Decision Date:	05/01/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/24/2015

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, Florida, 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 injured worker is a 58 year old male with an industrial injury date of 10/22/2003. His diagnoses include chronic post-traumatic stress disorder, panic disorder with agoraphobia, cognitive disorder due to traumatic brain injury, abdominal fistula and right shoulder and left foot fractures. Prior treatment includes "30 surgeries", sleep study, outpatient psychiatric visits, physical therapy for his shoulder and medications. In the progress note dated 01/10/2015 the provider notes the injured worker's physical and psychiatric symptoms had worsened after an interruption of his pain medication. He continues to complain of lethargy, fatigue and lack of motivation. His residual symptoms of post-traumatic stress disorder include memories of his accident, flashbacks and nightmares. Objective findings were appropriate affect. Mood was euthymic with anxiety. The physician requested medications for the following: mood stabilization, fatigue and low energy, nightmares, chronic foot pain, weight gain and sleeping medications. Outpatient psychiatric visits were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pristiq 50mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress/Mental Health section under Pristiq.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Stress/Mental Health section: Recommended for depression and as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Pristiq (desvenlafaxine) is a serotonin and norepinephrine reuptake inhibitor (SNRI). See the Pain Chapter, SNRIs (serotonin noradrenaline reuptake inhibitors). In this case, there is not a clear depression or clear evidence of neuropathic pain. It is not clear that tricyclics were ineffective or poorly tolerated, if it is being used for neuropathic pain. The request is not medically necessary.

Abilify 15mg #30 with 5 refills: 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); Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Abilify.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent on this medicine. Per the PDR, Abilify is aripiprazole. It is intended for schizophrenia, bipolar I disorder, manic/mixed, and adjunct therapy for a major depressive disorder. It is not clear from the records that patient has these conditions as defined by DSM-IV analysis and criteria. The request is not medically necessary.

Nuvigil 250mg #30 with 5 refills: 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); Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Abilify.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in

accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the PDR, Nuvigil is armodafinil. It is indicated for conditions of narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work sleep disorder. It is not at all clear from the documents that the patient has this condition, or what objective benefit has been achieved from its use. The request is appropriately not medically necessary.

Lyrica 150mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16 of 127.

Decision rationale: The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request is appropriately not medically necessary under MTUS criteria.

Topiramate 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 17 of 127.

Decision rationale: Also known as Topamax, the MTUS notes that for chronic non-specific pain, a recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for pain (Chou, 2007). There was one randomized controlled study that has investigated topiramate for chronic low back pain. (Muehlbacher, 2006) This study specifically stated that there were no other studies to evaluate the use of this medication for this condition. Patients in this study were excluded if they were taking opioids. No patient had undergone back surgery. Given the lack of study of this medicine for chronic pain, I would not support an unstudied medicine for the claimant. The request is appropriately not medically necessary.

Prazosin 1mg #120 with 5 refills: 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) Mental Illness & stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Prazosin.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG is also silent. Per the PDR, Prazosin is for hypertension and benign prostatic hypertrophy. It is not clear for which condition the medicine is being used, and what the objective benefit of its use has been. Although not related to this purely clinical determination, the relation to the injury is not clear. The request is appropriately not medically necessary from a clinical perspective.

Lunesta 3mg #30 with 5 refills: 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); Insomnia, Pain (Chronic).

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

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Official Disability Guidelines (ODG) Pain section, under Lunesta. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. The request is appropriately not medically necessary.

Psychiatric visits QTY 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Chapter 7 of ACOEM is technically not a part of the MTUS, and so is cited as and other medical treatment guideline. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or

extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult and specialty care fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. At present, the request is not medically necessary.